

No. 2
9-4-41
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

3179

State File No. _____

FILED FEB 11 1943

Registration District No. 290

Primary Registration District No. 5986

Registrar's No. 15

1. PLACE OF DEATH:
 (a) County Pulaski
 (b) City or town Rural (Tavern Township)
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: /
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 20 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Pulaski
 (c) City or town Tavern Township (Rural) (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Elva Ethel Whittle

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Robert Whittle 6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased March 30, 1899 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>43</u>	<u>9</u>	<u>15</u>	_____ hr. _____ min.

9. Birthplace Miller Co. Mo. (City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business _____

12. Name John Barr

13. Birthplace Miller Co. Mo. (City, town, or county) (State or foreign country)

14. Maiden name Sarah Bailey

15. Birthplace Miller Co. Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Miss Velma Whittle

(b) Address Crocker, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/17/43 (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Hill Cem.

18. (a) Signature of funeral director J. L. HOOPS & SONS.

(b) Address Crocker, Mo.

19. (a) 1-25-1943 (Date received local registrar) (b) Chas. M. Dodd (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 15 year 1943 hour 1:30 minute _____ A. M.

21. I hereby certify that I attended the deceased from Jan. 14, 1943 to Jan. 15, 1943 that I last saw her alive on Jan. 14, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Concussion of Brain Duration 18 Mo.

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy not made

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) _____

23. Signature C. Mallett (M. D. or other M.D.)

Address Crocker, Mo. Date signed 1-25-43

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

85
000

85
000

MOTHER {

1170

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

Pulaski County Health Officer

File Number 2-43-~~15~~13

Date Filed 2-9-43

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Paul B. Hooper

Licensed Embalmer No. 3261

P. O. Address Waynesville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.