

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11091

State File No.

FILED APR 9 1943

Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 105

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Bothwell Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 Days
56 Years (Specify whether years, months or days)
In this community

3. (a) PRINT

FULL NAME Linnie Louise Whiprecht

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

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

6. (b) Name of husband or wife Sherman 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased April 12 1885
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
56 57 11 11 hr. min.

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

10. Usual occupation At Home

11. Industry or business

MOTHER FATHER
Name K. P. Henderson
Birthplace Copper Co., Mo.
(City, town, or county) (State or foreign country)
Name Anna Louise Banforth
Birthplace Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant Sherman Whiprecht
Sedalia Mo.
(b) Address

17. (a) burial (b) Date thereof Mar. 25 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director McLaughlin Bros.

(b) Address Sedalia Mo.

19. (a) 3-23-43 (b) Anna Berger
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Pettis
(c) City or town Sedalia
(If outside city or town limits, write "RURAL")
(d) Street No. 17 And Marshall
(If rural, give location)
(e) Citizen of foreign country? ✓ (Yes or No)
If yes, name country 1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 23rd
year 1943 hour 1.10 minute 6 M.

21. I hereby certify that I attended the deceased from 1929
1929, to March 23, 1943
that I last saw her alive on March 22, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death:
Diabetes mellitus 15 years
Chronic glomerular nephritis 5 years
Due to Chronic myocarditis - Decompensated
Due to Arteriosclerosis - Advanced 3 years
Hypertension 3 years
Other conditions Hypertension
(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy No

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

(a) Accident, suicide, or homicide (specify) No
(b) Date of occurrence No
(c) Where did injury occur? None
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
None
(Specify type of place) (e) Means of injury

23. Signature Dr. B. Carline M. 15 (M. D. or other)
Address Sedalia Mo. Date signed 3-24-43

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 4-8-43

APR 28 1943

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 Robert H. Reed

Licensed Embalmer No. 3745

P. O. Address Seaside 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.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of New York
County of Orleans } ss.

State File No. 11091
Local Registrar's No. 105

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 2nd day of July, 1943, before me appears Ella Wolfe, who, upon oath, states that the original record of birth death for Linne Louise Whymacht died March 23, 1943, in the State of Missouri, and which was filed at April 9 on born, 1943, should be corrected as follows:

Item No. 4 should read male female

Instead of male

Item No. 8 should read 57 yrs 11-mos 11 days

Instead of 2-8

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL) Affiant Ella A Wolfe Relationship sister

Beacon New York Box 307
Present Address

Subscribed and sworn to before me this 2nd day of July, 1943.

My Commission expires March 30, 1944 Mildred Harris Notary Public.

JUL 6 - 1943

5-11091