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4-5-42  
5-17-39  
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13665

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED MAY 10 1943  
742139

Primary Registration District No. 40505121 Registrar's No. ....

1. PLACE OF DEATH:  
(a) County Boone  
(b) City or town Harrisburg (Rural) Perche  
(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 64 Years (Specify whether years, months or days)

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

3. (a) PRINT FULL NAME SARAH EUGENIA WILHITE  
(b) If veteran, name war None (c) Social Security No. None

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month April day 17 year 1943 hour 4:15 minute P. M.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed  
6. (b) Name of husband or wife Emmett Clay Wilhite 6. (c) Age of husband or wife if alive 2 years  
7. Birth date of deceased 4 - 29 - 1878 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 1-30-1942 to 4-16-1943, 19... and that death occurred on the date and hour stated above.

8. AGE: Years 64 Months 11 Days 18 If less than one day hr. min.

Immediate cause of death  
T. B. Cavell

9. Birthplace Boone County Missouri (City, town, or county) (State or foreign country)

Due to 15  
Due to  
Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation At Home

Major findings of operations T. B. Cavell

11. Industry or business

12. Name Brown Akeman

13. Birthplace Boone County Missouri (City, town, or county) (State or foreign country)

14. Maiden name Nettie Little

15. Birthplace Boone County Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Thelma Wilhite

(b) Address Columbia, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-19-43 (Month) (Day) (Year)

(c) Place: burial or cremation Bethlehem Cemetery

18. (a) Signature of funeral director Patrick's Undertaking Co. (b) Address Columbia, Mo.

19. (a) Apr-19-43 Mrs. H. Gullett (Date received local registrar) (Registrar's signature)

PHYSICIAN  
Underline the cause to which death should be charged statistically.  
T. B. Cavell

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

(a) Accident, suicide, or homicide (specify).....

(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) (e) Means of injury.....

23. Signature H. Gullett (M. D.)  
Address Harrisburg Date signed 4/19/43

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

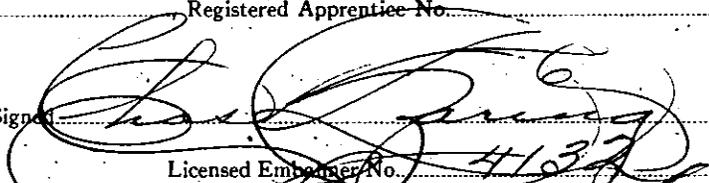
MAY 10 1948

**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.

Signature



Licensed Embalmer No. 4137  
P. O. Address: Columbia, Md.

**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.**