. S. No. 2
OM—5-42
v. 5-17-39
I X32873

102
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 26 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

19260

State File No.

Registration District No. 337 Primary Registration District No. 6141 Registrar's No. 35

1. PLACE OF DEATH:

(a) County Shelby Co.

(b) City or town Hunnewell Rural Jackson Twp
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: / None
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution X (Specify whether
In this community All her life
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 102

(a) State Missouri (b) County Shelby 0

(c) City or town Hunnewell, Mo. Rural 0
(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 0

3. (a) PRINT FULL NAME Edna May Whitelock

3. (b) If veteran, name war X

3. (c) Social Security No. X

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife James S. Whitelock

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased April, 7th, 1890
(Month) (Day) (Year)

8. AGE: Years 52 Months 11 Days 29 If less than one day hr. min.

9. Birthplace Shelby (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation House wife

11. Industry or business Same

FATHER
12. Name William Culbertson
13. Birthplace Not Known (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Fannie Moss
15. Birthplace Not known (City, town, or county) 9 (State or foreign country)

16. (a) Informant James S? Whitelock
(b) Address Hunnewell, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-8-1943 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Zion Cemetery

18. (a) Signature of funeral director Million & Barkelew
(b) Address Shelbina, Mo.

19. (a) May 6-43 (Date received local registrar) (b) Madge Yooch (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 6
year 1943 hour 6 minute 10 A.M.

21. I hereby certify that I attended the deceased from
Nov 24, 1942 to Apr. 6, 1943
that I last saw her alive on Mch 3, 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage Died at once	—
Due to Arteriosclerosis and Hypertension	?
Due to	
Other conditions (Include pregnancy within 3 months of death): Chronic interstitial nephritis Diabetes mellitus	
Major findings: Of operations —	
Of autopsy none	

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)

(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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature P. C. Archer (M. D. ~~or other~~)

Address Shelbyville Mo Date signed 4-8-43

1095 (Licensed Embalmer's Statement on Reverse Side)

MAY 27 1943

RECEIVED
District Health Officer No. 10
District File Number 5-43-939
Date Filed MAY 25 1943

James Alexander M.D.
State Registrar

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 Henry A. Barkelew

Licensed Embalmer No. 3835

P. O. Address Shelbina 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.