

DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

22158

State File No.

Registrar's No.

FILED JUL 10 1948 274  
 Registration District No.

Primary Registration District No. 2052

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 2 1/2 wks.  
 (Specify whether  
 In this community LIFE  
 years, months or days)

3. (a) PRINT FULL NAME LAURA BRECHENRIDGE WHITEMAN

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced W  
 6. (b) Name of husband or wife JOHN C. 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased 1 11 1867  
 (Month) (Day) (Year)

8. AGE: Years 76 Months 5 Days 3 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace BELLMORE IND.  
 (City, town, or county) (State or foreign country)

10. Usual occupation HOUSE WIFE

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name JAMES W. BRECKENRIDGE  
 13. Birthplace PUTNAM Co. IND.  
 (City, town, or county) (State or foreign country)  
 14. Maiden name HANNA E. WRIGHT  
 15. Birthplace ROCKBRIDGE Co. VA.  
 (City, town, or county) (State or foreign country)

16. (a) Informant JOHN C. WHITEMAN  
 (b) Address SEDALIA

17. (a) BURIAL (b) Date thereof 6-17-43  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation BETHLEHEM CEMETERY

18. (a) Signature of funeral director Gillespie  
 (b) Address SEDALIA, MO.

19. (a) 6/16/43 (b) Anna Burger  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County PETTIS  
 (c) City or town SEDALIA  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 1623 S. VERMONT  
 (If rural, give location)  
 (e) Citizen of foreign country? - (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 14th  
 year 1943 hour 10 minute 25 M.

21. I hereby certify that I attended the deceased from May 31 1943 to June 14 1943  
 that I last saw her alive on June 14 1943  
 and that death occurred on the date and hour stated above.

Immediate cause of death Inclusion from obstruction of pylorus  
 Due to probable Cancerous  
of pylorus region of stomach  
 Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 46 lb

Major findings: Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

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)  
 (a) Means of injury \_\_\_\_\_  
 23. Signature Charles B. Blount (M. D. number) \_\_\_\_\_  
 Address Sedalia Mo Date signed 6/15/43

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

8064

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 7-2-43

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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.....

*L. E. Boulcher*

Licensed Embalmer No. 3867

P. O. Address. *Deerfield*

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.