

S. No. 2
M-5-42
7-5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24839

FILED AUG 5 1943
Registration District No. 35

Primary Registration District No. 3011

Registrar's No. 82

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

1. PLACE OF DEATH:
(a) County Carroll
(b) City or town Carrollton
(c) Name of hospital or institution: Atwood Hospital
(d) Length of stay: In hospital or institution 3 days
In this community Entire Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Carroll
(c) City or town Rural
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Margaret Dickson Whrig
3. (b) If veteran, name war No 3. (c) Social Security No. No

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 1
year 1943 hour 4 minute 30 P.M.
21. I hereby certify that I attended the deceased from 2-19-43
to 7-1 1943
that I last saw h alive on 1943
and that death occurred on the date and hour stated above.

4. Sex Fe 5. Color or race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Nelson Whrig 6. (c) Age of husband or wife if alive 38 years
7. Birth date of deceased: May 18 1906

Immediate cause of death Nephritis with uremic convulsions
Duration 1 yr.?

8. AGE: Years 37 Months 1 Days 13 If less than one day hr. min.

Due to.....
Due to.....

9. Birthplace Carroll Co Mo
10. Usual occupation At Home

Other conditions Diabetes
Major findings: 61

MOTHER FATHER {
11. Industry or business
12. Name Chas M Dickson
13. Birthplace Carroll Co Mo
14. Maiden name Margaret Rose
15. Birthplace Hancock Co Ohio

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

16. (a) Informant Mrs Rose Adams
(b) Address Carrollton Mo
17. (a) Burial (b) Date thereof 7-4-43
(c) Place: burial or cremation Oak Hill Ceme
18. (a) Signature of funeral director Standley
(b) Address Carrollton Mo
19. (a) 7-3-1943 (b) Mrs James Rafferty

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?.....
(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 W.S. Atwood (M. D. or other) Carrollton Mo
Address Carrollton Mo Date signed 7/3

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 8-6-43

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 Ben W. Gibson

Licensed Embalmer No. 2961

P. O. Address Carrollton, 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.