

S. No. 2
4-5-17-39
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28389

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 4231

Primary Registration District No. 4231

Registrar's No. 59

16
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Howell

(b) City or town Mountain View, Mo
(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 no
(Specify whether years, months or days)

In this community 22 Years

2. USUAL RESIDENCE OF DECEASED: 46

(a) State Missouri (b) County Howell

(c) City or town Mountain View, Mo
(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 _____

3. (a) PRINT FULL NAME Martha Ella Whelchel

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Dec. 26th, 1880
(Month) (Day) (Year)

8. AGE: Years 62 Months _____ Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation Hotel Prop.

11. Industry or business _____

MOTHER FATHER { 12. Name Jerimah Oliver

13. Birthplace _____ (City, town, or county) (State or foreign country)

14. Maiden name Emiline Connely

15. Birthplace Ark. (City, town, or county) (State or foreign country)

16. (a) Informant Joyce Groves

(b) Address Mountain View, Mo

17. (a) Removal (b) Date thereof Aug 15th 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hartville, Mo

18. (a) Signature of funeral director John F. Mean

(b) Address Mountain View, Mo

19. (a) 8/30/43 (b) Ruth Hunt
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 11th
year 1943 hour 12 minute 30 p.m.

21. I hereby certify that I attended the deceased from Aug 11th
1943 to Aug 11th 1943
that I last saw her alive on Aug 11th 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy -
Death Sudden

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: 83a1
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) (e) Means of injury _____

23. Signature P. E. Ferrell (M. D. or other) _____

Address Mountain View Date signed 8-21-43

MD

SEP 2 1948

JAN 30 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.

Signed _____

John F. Reenan

Licensed Embalmer No. _____

2516

P. O. Address _____

171 View 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.