

S. No. 2
M-5-42
7-5-17
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29644

FILED AUG 28 1943

Registration District No. 372

Primary Registration District No. 6266

Registrar's No. 33

1. PLACE OF DEATH:

(a) County Webster
(b) City or town Rural - High Prairie township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: x /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution x
In this community life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Webster
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. High Prairie township
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country x 0

3. (a) PRINT FULL NAME Hepsabeth B. Whittaker

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, widowed 2

6. (b) Name of husband or wife Samuel D. Whittaker 6. (c) Age of husband or wife if alive x years

7. Birth date of deceased August - 12 - 1864
(Month) (Day) (Year)

8. AGE: Years 78 Months 10 Days 26 If less than one day x hr. x min.

9. Birthplace Wright County, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

12. Name Anderson Claxton

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

14. Maiden name Jane Harris

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

16. (a) Informant Mrs. Burnie Cantrell

(b) Address Miangua, Mo.

17. (a) Burial (b) Date thereof 7-10-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Hill

18. (a) Signature of funeral director [Signature]

(b) Address Marshfield, Mo.

19. (a) 7/9/43 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 8 year 1943 hour minute A.M.

21. I hereby certify that I attended the deceased from June 10, 1943 to June 23, 1943 that I last saw her alive on June 23, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to Arteriosclerotic & Hypertensive Disease years

Due to years

Other conditions Cholecystitis & Cholelithiasis years
(Include pregnancy within 3 months of death)

Major findings: Of operations 126 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 C.P. Macdonald (M. D. or other) M.D.
Address Marshfield, Mo. Date signed 7/8/43

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

RECEIVED
District Health Officer No. 6;
District File Number 843-946
Date Filed AUG 24 1943

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 *Alex Laine*

Licensed Embalmer No. 312

P. O. Address Marshfield, 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.