

BUREAU OF THE CENSUS
FILED JAN 10 1944

Registration District No. 41

Primary Registration District No. 5126

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Buchanan Co.
(b) City or town Faucett Missouri Rural
(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 None
In this community 14 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town Faucett No. Rural
(If outside city or town limits, write "RURAL")
(d) Street No. South of Faucett No.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Elendor Jane Whitten

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race white
6. (a) Single, widowed, married, divorced, widowed

6. (b) Name of husband or wife J. Whitten
6. (c) Age of husband or wife if alive 14th. 1871 years
7. Birth date of deceased: Feb (Month) 14th. (Day) 1871 (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>72</u>	<u>10</u>	<u>3</u>	hr. _____ min.

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

10. Usual occupation House Keeping

11. Industry or business none

MOTHER FATHER {
12. Name Martin M. Cunningham
13. Birthplace Tennessee
(City, town, or county) (State or foreign country)
14. Maiden name Lou Dun
15. Birthplace Tennessee
(City, town, or county) (State or foreign country)

16. (a) Informant unk
(b) Address Faucett Missouri Rural

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/18/43
(Month) (Day) (Year)
(c) Place: burial or cremation Turner Cemetery

18. (a) Signature of funeral director _____
(b) Address Dearborn Missouri

19. (a) 12/17/43 (Date received local registrar) (b) Apal C. Green (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December 17th.
year 1943 hour 1 minute 50 A. M.

21. I hereby certify that I attended the deceased from September 15th, 1943 to December 17, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia Duration 3 days

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

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) (Country) (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 S. L. Durham (M. D.)
Address Dearborn Mo Date signed 12-17-43

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

1227

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

Richard Davis

Licensed Embalmer No. *4160*

P. O. Address *Dearborn 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.