

FILED FEB 14 1944

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3043

State File No.

Registration District No. 139

Primary Registration District No. 4773

Registrar's No. 37

1. PLACE OF DEATH:

(a) County Holt  
(b) City or town Oregon  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: X1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution X (Specify whether)  
In this community 3 1/2 years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME FANNIE WHITNER.

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 Single  
6. (b) Name of husband or wife. X 6. (c) Age of husband or wife if alive. X years  
7. Birth date of deceased Aug-19-1870 (Month) (Day) (Year)

8. AGE: 73 Years 5 Months 2 Days If less than one day hr. min.

9. Birthplace Oregon - MO (City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business.

MOTHER FATHER

12. Name Jacob B. Whitner  
13. Birthplace Lancaster Penn (City, town, or county) (State or foreign country)  
14. Maiden name Lucinda Hoag  
15. Birthplace Miami Ohio (City, town, or county) (State or foreign country)

16. (a) Informant Mary Whitner (b) Address Oregon MO

17. (a) Burial (b) Date thereof 1-19-1944 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oregon MO

18. (a) Signature of funeral director J. Fred Terhune

(b) Address Savannah MO

19. (a) 1-19-44 (b) Pauline Dawson (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 18 year 1944 hour 5 minute 30a. M.

21. I hereby certify that I attended the deceased from Dec 7 1944 to Jan 15 1944 and that death occurred on the date and hour stated above.

Immediate cause of death. Cerebral hemorrhage Duration

Due to Cerebral Hemorrhage

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 J. Fred Terhune (M. D. or other) Address Oregon MO Date signed 1-19-44

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

JUN 25 1954

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

*Fred Terhune*

Licensed Embalmer No. 1279

P. O. Address

*Savannah*

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.