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M-5-42
7-5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3512

FILED FEB 9 1944

Registration District No.

Primary Registration District No. 4310

Registrar's No. 41

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

1. PLACE OF DEATH: *Macon*

(a) County *Macon*

(b) City or town *Brewer*
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: *1*
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution *1*
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: *61*

(a) State *Mo* (b) County *Macon*

(c) City or town *Brewer*
(If outside city or town limits, write "RURAL")

(d) Street No. *1*
(If rural, give location)

(e) Citizen of foreign country? *1* (Yes or No)
If yes, name country *1*

3. (a) PRINT FULL NAME *MISSOURI ANN WHITTAKER*

3. (b) If veteran. name war *1*

3. (c) Social Security No. *1*

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month *Jan* day *27*
year *1944* hour *8* minutes *30* A. M.

4. Sex *Female* 5. Color or race *white*

6. (a) Single, widowed, married, divorced, widowed *1*

6. (b) Name of husband or wife *1*

6. (c) Age of husband or wife if alive *1* years

7. Birth date of deceased *5-1-1844*
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from *Jan 26, 1944* to *Jan 26, 1944*
and that death occurred on the *26* day and hour *8* stated above.

8. AGE: Years *94* Months *8* Days *26* If less than one day *hr. min.*

Immediate cause of death: *Chronic Int. Nephritis*

Due to *Arteriosclerosis*

9. Birthplace *Raymondville* (City, town, or county) *Mo* (State or foreign country)

10. Usual occupation *Housewife*

Due to *Chronic myocarditis*

Other conditions (include pregnancy within 3 months of death)

11. Industry or business

MOTHER FATHER { 12. Name *Wm. Hunt*

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

14. Maiden name *Miss Rutledge*

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

Major findings: Of operations *131a*

Of autopsy

PHYSICIAN *131a*

Underline the cause to which death should be charged statistically.

16. (a) Informant *Mrs. John Johnson*

(b) Address *Brewer Mo*

17. (a) *Burial* (Burial, cremation, or removal) (b) Date thereof *1-30-44*
(Month) (Day) (Year)

(c) Place: burial or cremation *East Caldwell*

18. (a) Signature of funeral director *E. E. Caldwell*

(b) Address *Brewer Mo*

19. (a) *2-2-44* (Date received local registrar) (b) *Winnie J. Rowland* (Registrar's signature)

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) (c) Means of injury *2*

23. Signature *D. E. L. Woodcock*

Address *Brewer Mo* Date signed *1/27/44*

RECEIVED

District Health Officer No. 10

District File Number

2-24-355
FEB 8 1944

Date Filed

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

H. F. Edwards

Licensed Embalmer No. 1961

P. O. Address *Brewer, 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.