

FILED MAR 9 1944

Registration District No.

Primary Registration District No. 4110

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

1/20

1. PLACE OF DEATH:

(a) County Chariton

(b) City or town Salisbury
(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 7 years (Specify whether years, months or days)

In this community 7 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Chariton

(c) City or town Salisbury
(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 Susan Turner Whyte

3. (b) If veteran, name war:

3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 20 year 1944 hour 5 minute 20 A.M.

21. I hereby certify that I attended the deceased from Feb 18 1944 to Feb 20 1944
that I last saw her alive on Feb 20 1944 and that death occurred on the date and hour stated above.

4. Sex Fem. 5. Color or race White 6. (a) Single, widowed, married, 2 divorced, Widowed

6. (b) Name of husband or wife Wm Whyte 6. (c) Age of husband or wife if alive 2 years 1861

7. Birth date of deceased: Aug. 2 (Month) 2 (Day) 1861 (Year)

Immediate cause of death: Chronic myocarditis

Due to arteriosclerosis

8. AGE: Years 82 Months 6 Days 18 If less than one day hr. min.

Due to:

Other conditions: 93d
(Include pregnancy within 3 months of death)

9. Birthplace Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

Major findings: 93d
Of operations:

Of autopsy:

PHYSICIAN:

Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business:

12. Name Robert Henry Turner

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

14. Maiden name Adelia Honeywood Gibson

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

16. (a) Informant Mrs. Ed Hunter

(b) Address Salisbury, Mo.

17. (a) Burial (b) Date thereof 2-22-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bonnesboro

18. (a) Signature of funeral director Geo. B. Winkelmeyer

(b) Address Salisbury, Mo.

19. (a) 7-14-44 (b) [Signature]
(Date received local registrar) (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?

(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 [Signature] (M. D. or other)

Address Salisbury Mo Date signed 2/20/44

1023

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 3-8-14

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 Chas B. Winkelemyer
Licensed Embalmer No. 3842
P. O. Address Salisbury, 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.