

FILED MAR 13 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7478

State File No.

Registration District No. 153

Primary Registration District No. 3127

Registrar's No. 14

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Webb City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: James Chinn O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 days
(Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Webb City
(If outside city or town limits, write "RURAL")
(d) Street No. 709 N. Main
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME

Isabella Whitaker

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex F
5. Color or race W

6. (a) Single, widowed, married, divorced 2

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

6. (b) Name of husband or wife

7. Birth date of deceased October 26 1851
(Month) (Day) (Year)

8. AGE: Years 82 Months 3 Days 16 hr. min.

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

10. Usual occupation at home

11. Industry or business

12. Name Wm Foster
13. Birthplace England
(City, town, or county) (State or foreign country)

14. Maiden name Polly Ann Foster
15. Birthplace Nevada Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant Chas Foster
(b) Address Jasper, Mo

17. (a) Burial (b) Date thereof 2/15/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Webb City Cemetery

18. (a) Signature of funeral director H. B. Nelson
(b) Address Webb City, Mo

19. (a) Feb 16, 1944 (b) Registrar's signature M. Phillips
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 12
year 1944 hour 2 minute 0 M.

21. I hereby certify that I attended the deceased from Feb 5, 1944 to Feb 12, 1944
that I last saw him alive on Feb 11, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Hypertension
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

Duration

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? Means of injury

23. Signature H. B. Nelson
Address Coppley Bldg Date signed 2-16-44

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

2
2
39
32873

44-2-230

E. and

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..... *[Signature]*

Licensed Embalmer No. *2859*

P. O. Address *Hubb City, 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.