

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 1944

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 268

Primary Registration District No. 1506

Registrar's No. _____

1. PLACE OF DEATH

(a) County Pemiscot

(b) City or town Rural, Little River, Mo.
(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 _____ (Specify whether _____)

In this community 15 yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County Pemiscot

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

(d) Street No. _____ (If rural, give location)

(e) If foreign born, how long in U. S. A? 0 years.

3. (a) PRINT FULL NAME MOLLY Whitaker

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 30
year 1944 hour 10 minute 25 P. M.

21. I hereby certify that I attended the deceased from 12-31-1943
1-31-1944, 19____, to _____, 19____;

that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

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

6. (b) Name of husband or wife John Whitaker 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased 12 25 1878
(Month) (Day) (Year)

Immediate cause of death Cancer of Left Breast Duration 1 yr

8. AGE:	Years	Months	Days	If less than one day
	<u>65</u>	<u>1</u>	<u>5</u>	hr. _____ min. _____

Due to _____

Due to _____

9. Birthplace Calhoun City, Miss.
(City, town, or county) (State or foreign country)

Other conditions _____
(Include pregnancy within 5 months of death)

10. Usual occupation housekeeper

Major findings: 5P

11. Industry or business home

Of operations _____

12. Name Sid Wallis

Of autopsy _____

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

14. Maiden name Marjorie Davis

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

16. (a) Informant Jessie Whitaker

(b) Address Wardell, Mo.

17. (a) Burial (b) Date thereof 31 4
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wardell, Mo.

18. (a) Signature of funeral director J. J. Smith

(b) Address Wardell, Mo.

19. (a) 1-31-44 (b) J. J. O'neary
(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? _____ (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 0

23. Signature J. J. O'neary (M. D. or other) _____
Address Wardell Date signed _____

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

28
0
0

514

2-44-26

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 *J. M. Bell*
J. G. Smith 2627
Licensed Embalmer No.
P. O. Address *Silbaurn 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, above space should be left blank.