No. 2
—2-43
-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 8 1944

Registration District No. 331

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4497

State File No. 8529

Registrar's No. 31

1. PLACE OF DEATH:
(a) County: Shelby
(b) City or town: Clarence
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community: 2 Years

2. USUAL RESIDENCE OF DECEASED: 102
(a) State: Missouri (b) County: Shelby 1
(c) City or town: Clarence
(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: g

3. (a) PRINT FULL NAME: Carrie May Wilhoit
3. (b) If veteran, name war: .....
3. (c) Social Security No. .....

4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: .....
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: Feb. (Month) 1st (Day) 1864 (Year)

8. AGE: Years 80 | Months | Days 17 | If less than one day ..... hr. ..... min.

9. Birthplace: Florida (City, town, or county) Mo (State or foreign country)
10. Usual occupation: At Home
11. Industry or business: " " "
12. Name (Father): John Upton
13. Birthplace (Father): Not Known (City, town, or county) g (State or foreign country)
14. Maiden name (Mother): Mary Turner
15. Birthplace (Mother): Not Known (City, town, or county) g (State or foreign country)
16. (a) Informant: Ray Wilhoit
(b) Address: Holliday Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 2/20/44 (Month) (Day) (Year)
(c) Place: burial or cremation: Shelbina Mo
18. (a) Signature of funeral director: Millicent Berkeley
(b) Address: Shelbina Mo.
19. (a) Mar 4 1944 (Date received local registrar) (b) Madge Leach (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 18th year 1944 hour 2 minute 45 P.M.

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

Immediate cause of death	Duration
Cerebral Hemorrhage	12 hrs.
Due to Pulmonary Edema	12 hrs.
Due to Chronic Cholecystitis	3 yrs.
Other conditions (Include pregnancy within 3 months of death): Hypertension	

Major findings:
Of operations: \
Of autopsy: \

§ 3a 1

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? ..... (Specify type of place)
While at work? ..... (e) Means of injury: g

23. Signature: Dr. B. L. Edrington (M. D. or other) D.O.
Address: Clarence, Mo. Date signed: Mar 3 1944

1093 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 3-44-457
Date Filed MAR 7 1944

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 Henry G. Backelee

Licensed Embalmer No. 3835

P. O. Address Shelbina, 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.