

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

10865

FILED APR 13 1944

Primary Registration District No. 5382

State File No. ....

Registrar's No. 26

33  
0  
0

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

1. PLACE OF DEATH:

(a) County... Dent

(b) City or town... Meramec typ

(c) Name of hospital or institution: X

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution... X

In this community... X

2. USUAL RESIDENCE OF DECEASED:

(a) State... Missouri (b) County... Dent

(c) City or town... rural

(d) Street No... C

(e) Citizen of foreign country? X

3. (a) PRINT FULL NAME Estina Faye Whitaker

(b) If veteran, name war... X

(c) Social Security No... X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month... Mar day... 26 year... 1944 hour... 9 minute... P M.

4. Sex... female

5. Color or race... W

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

6. (b) Name of husband or wife... X

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

7. Birth date of deceased: Mar 10 1944

21. I hereby certify that I attended the deceased from... 19... to... 19... that I last saw h... alive on... and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	-	-	16	hr. min.

Immediate cause of death: Renature 7 mo

Due to... 159

Other conditions (Include pregnancy within 3 months of death)

9. Birthplace... Dent Co Mo

10. Usual occupation... infant

Major findings: Mrs. M. W. Mahurin Taken Care of Lady

Of operations

Of autopsy

11. Industry or business... X

12. Name... Estal Whitaker

13. Birthplace... Dent Co MO

14. Maiden name... Selma Mahurin

15. Birthplace... Dent Co Mo

MOTHER FATHER

16. (a) Informant... E. Smith Whitaker

(b) Address... Salem Mo

17. (a) burial (b) Date thereof... 3/27/44

(c) Place: burial or cremation... Stonehill Cem

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)... none

(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?

18. (a) Signature of funeral director... Carl R. ...

(b) Address... Salem Mo

19. (a) 3-27-44 (b) Jan. W. DeLoach

While working? 3

(e) Means of injury... 3

Signature... Dr. Helen Carraway

Address... Salem Mo Date signed... 3-27-44

1177

RECEIVED

District Health Officer No. 5.

District File Number 444245-

Date Filed 4.10.44

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 Carl W. Spurr

Licensed Embalmer No. 2370

P. O. Address Salem 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.