

No. 2  
5-43  
17-39  
X36671

Registration District No. 1

Primary Registration District No. 3000

1. PLACE OF DEATH:

(a) County Adair  
(b) City or town Kirkville mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
415 - W - Scott  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether)  
In this community Four years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Maine (b) County Hancock  
(c) City or town Prospect Harbor  
(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 2

3. (a) PRINT FULL NAME IVA STANLEY WHITAKER

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

4. Sex Female 5. Color or race W  
6. (a) Single, widowed, married, divorced widowed  
6. (b) Name of husband or wife Irving 6. (c) Age of husband or wife if alive Twenty years  
7. Birth date of deceased Aug 23 1885  
(Month) (Day) (Year)

8. AGE: Years 59 Months 9 Days 28  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Boulders Maine  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Moses Stanley

13. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

14. Maiden name Emma Conger

15. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Julia W. Cole

(b) Address 415 W. Scott, Kirkville

17. (a) Reburial (b) Date thereof 6-21-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Prospect Harbor, Maine

18. (a) Signature of funeral director Sumners Howell

(b) Address Kirkville, mo

19. (a) 6/21/44 (b) Mrs. J. Waynes  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day twentieth  
year 1944 hour 10 minute 05 P.M.

21. I hereby certify that I attended the deceased from August 10,  
1942, to June 20, 1944.  
that I last saw her alive on June 20, 1944,  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute cardiac dilatation

Due to Chronic myocardosis

Due to Bronchial asthma

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 \_\_\_\_\_

23. Signature Wm. C. Kelly (M. D. or other) MD

Address Kirkville, Missouri Date signed 6/21/44

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

999  
17  
0

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

DEC 1 1948

AUG 3 1944

RECEIVED

District Health Officer No. 10

District File Number 7-44-1222

Date Filed JUL 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 W. C. Summers

Licensed Embalmer No. 2159

P. O. Address Tishville Ma

**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.**