

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSTHE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

27702

FILED AUG 22 1944

Registration District No.

118

Primary Registration District No.

5440

Registrar's No.

94

1. PLACE OF DEATH:

(a) County Cass
 (b) City or town Rural Clay Twp.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
near Owensville
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.
 In this community life (Specify whether years, months or days)

3. (a) PRINT
FULL NAMESharon Rose Willhite

3. (b) If veteran,

name war.

3. (c) Social Security

No.

4. Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single
 6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive. 24 years
 7. Birth date of deceased July (Month) 24 (Day) 1943 (Year)

8. AGE: Years Months Days If less than one day
0 11 21 hr. min.

9. Birthplace Owensville Missouri
 (City, town, or county) (State or foreign country)

10. Usual occupation.

11. Industry or business.

12. Name Otto Willhite
 13. Birthplace Sea Missouri
 (City, town, or county) (State or foreign country)
 14. Maiden name Bernice Jones
 15. Birthplace Meta Missouri
 (City, town, or county) (State or foreign country)

16. (a) Informant OTTO WILLHITE
 (b) Address OWENSVILLE, MO.

17. (a) BURIAL (b) Date thereof July 17 1944
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Owensville City Cemetery

18. (a) Signature of funeral director Wilford H. Wint
 (b) Address Owensville Mo.

19. (a) July 17 1944 (b) Myrtle M. Weikel
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cass
 (c) City or town Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. Near Owensville
 (If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 15
 year 1944 hour 2 minute A.M.

21. I hereby certify that I attended the deceased from July 24 1944 to July 15 1944
 that I last saw her alive on July 14 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death

Patent Foramen Ovale 1 yr.

Duration

Due to

Due to

Other conditions
 (Include pregnancy within 3 months of death)

Major findings:

Of operations NoneOf autopsy None

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

(Specify type of place)

Means of injury

23. Signature Paul A. Brewster (M. D. or other)
 Address Owensville, Mo. Date signed 7-16-44

1287

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 9

District File Number.....

Date Filed 8-21-44

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 Me

....., Registered Apprentice No.
working under my personal supervision.

Signed

Wilford H. H. Winter

Licensed Embalmer No. 3838

P. O. Address Owensville 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.