

Registration District No. 5156

Primary Registration District No. 5156

FILED DEC 13 1944

1. PLACE OF DEATH:

(a) County Caldwell  
 (b) City or town Rural - Rockford  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Suby  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 1  
 (Specify whether  
 In this community  
 years, months or days)

3. (a) PRINT FULL NAME SARAH ELIZA WHITESELL

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

4. Sex F | 5. Color or race W | 6. (a) Single, widowed, married, divorced Widowed  
 6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive 30 years (Day) (Year)

7. Birth date of deceased APRIL 30 1859  
 (Month) (Day) (Year)

8. AGE: Years 85 Months 6 Days 24 If less than one day hr. min.

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

10. Usual occupation. ....

11. Industry or business. ....

12. Name Joel Sharp  
 13. Birthplace MI (City, town, or county) (State or foreign country)  
 14. Maiden name Nancy Parton  
 15. Birthplace MI (City, town, or county) (State or foreign country)

16. (a) Informant Henry M Whitesell  
 (b) Address Clshira, mo  
 17. (a) Burial (b) Date thereof Nov. 26 '44  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Clmira

18. (a) Signature of funeral director Jerman Prichard  
 (b) Address Zafusau Mo  
 19. (a) Nov 26 44 (b) Correene Fayett  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 24  
 year 1944 hour 10 minute 30 P.M.  
 21. I hereby certify that I attended the deceased from July 1942 to Nov 1944  
 that I last saw her alive on Nov 15 1944  
 and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Failure  
Chronic Myocarditis  
 Due to Generalized Arteriosclerosis  
Senility  
 Other conditions (Include pregnancy within 3 months of death) None

Duration  
 PHYSICIAN  
 Underline the cause to which death should be charged statistically.

Major findings:  
 Of operations. ....  
 Of autopsy None

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) (S) Means of injury .....  
 23. Signature Oliver Ruchter (M. D. number) .....  
 Address Lansan Date signed Nov 25/44

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

MOTHER FATHER

**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... *Claude Prichard* .....

Licensed Embalmer No. *2751* .....

P. O. Address... *Excelsior Springs* .....

**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.**

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. dec

Registration District No. 46

Primary Registration District No. 5156

Registrar's No. 67

1. PLACE OF DEATH:

(a) County Caldwell

(b) City or town Rural Kirkwood

(c) Name of hospital or institution: \_\_\_\_\_  
(If outside city or town limits, write "RURAL" and specify township)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State \_\_\_\_\_ (b) County \_\_\_\_\_

(c) City or town \_\_\_\_\_  
(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 \_\_\_\_\_

3. (a) PRINT FULL NAME Sarah E Whitesell

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov Day 28 Year 1944 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred on the date and hour stated above. Immediate cause of death \_\_\_\_\_

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

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_

7. Birth date of deceased April 30  
(Month) (Day) (Year)

8. AGE: Years 85 Months 6 Days 20 If less than one day \_\_\_\_\_ min.

9. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

10. Usual occupation Wife

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

12. Name \_\_\_\_\_

13. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

14. Maiden name \_\_\_\_\_

15. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

16. (a) Informant \_\_\_\_\_

(b) Address \_\_\_\_\_

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

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address \_\_\_\_\_

19. (a) Nov 28 - 44 (b) Corinne Jarrett  
(Date received local registrar) (Registrar's signature)

Duration \_\_\_\_\_

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

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) (e) Means of injury \_\_\_\_\_

23. Signature \_\_\_\_\_ (M. D. or other) \_\_\_\_\_  
Address \_\_\_\_\_ Date signed \_\_\_\_\_

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

**SUPPLEMENTAL**

37306