S. No. 2
I—8-43
5-17-39
1 X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 17 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

34220
State File No.

Registration District No. 227 Primary Registration District No. 5805 Registrar's No. 49

1. PLACE OF DEATH:
(a) County: MONROE
(b) City or town: RURAL - JEFFERSON TWP.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: R.F.D. STOUTSVILLE, Mo.
(If not in hospital or institution, write street number of location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) 55 YRS
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: MISSOURI (b) County: MONROE
(c) City or town: RURAL
(If outside city or town limits, write "RURAL")
(d) Street No.: R.F.D. STOUTSVILLE, Mo.
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: MARY ANN WHITEHORN
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: MARRIED
6. (b) Name of husband or wife: RUBEN WHITEHORN
6. (c) Age of husband or wife if alive: 65 years
7. Birth date of deceased: JULY (Month) 13 (Day) 1872 (Year)

8. AGE: Years 73 Months 1 Days 18 If less than one day hr. min.

9. Birthplace: SHELBY CO. (City, town, or county) MO. (State or foreign country)
10. Usual occupation: AT HOME
11. Industry or business: ✓
MOTHER FATHER
12. Name: WM MILTON SAUNDERS
13. Birthplace: (City, town, or county) N.K. (State or foreign country)
14. Maiden name: JANE WOODS
15. Birthplace: (City, town, or county) N.K. (State or foreign country)
16. (a) Informant: Milton Boyd
(b) Address: KANSAS CITY, Mo.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: SEPT. 3, 1945 (Month) (Day) (Year)
(c) Place: burial or cremation: ANTIOCH CHURCH
18. (a) Signature of funeral director: Speed-Blakey
(b) Address: Paris, Missouri.
19. (a) 9-2-45 (Date received local registrar) (b) Elbert Baker (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPT. day 1 year 1945 hour 11 minute 00 P.M.
21. I hereby certify that I attended the deceased from June 16th, 1943, to Sept. 1st, 1945, that I last saw h. alive on Sept. 1st, 1945, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Arteriosclerosis	3 yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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

23. Signature: Elbert Baker (M. D. or other)
Address: PARIS, Mo. Date signed 9-2-45

1475

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 10-45-1516
Date Filed OCT 16 1945

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 A. S. Blakey

Licensed Embalmer No. 2616

P. O. Address Paris, Missouri.

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.