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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 40711

FILED JAN 3 1946

Registration District No. 46 Primary Registration District No. 4064 Registrar's No. 14

1. PLACE OF DEATH:

(a) County Caldwell

(b) City or town Kidder
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: none
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none (Specify whether
In this community 78-years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Caldwell

(c) City or town Kidder
(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

3. (a) PRINT FULL NAME Margaret May Whitelaw

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 Single

6. (b) Name of husband or wife —

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

7. Birth date of deceased May 3 1867
(Month) (Day) (Year)

8. AGE: Years 78 Months 6 Days 25 If less than one day ___ hr. ___ min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name John Whitelaw
13. Birthplace Straten Scotland
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Neill
15. Birthplace Scotland
(City, town, or county) (State or foreign country)

16. (a) Informant John Whitelaw
(b) Address Ile Soto Kansas

17. (a) Burial (b) Date thereof 12/7-1945
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Kidder Mo.

18. (a) Signature of funeral director H. F. Powell
(b) Address Kidder Mo.

19. (a) Dec 18, 45 (b) Gladys Jones
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 2
year 1945 hour 6 minute 15 P M.

21. I hereby certify that I attended the deceased from —, 19__, to Dec 2, 1945
that I last saw her alive on Dec 2, 1945
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Apoplexy	12 hours
Due to Arteriosclerosis	10 yrs
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 C S Compton (M. D. or other) DO.
Address Comerch Mo. Date signed 12/4/45

1552

(Licensed Embalmer's Statement on Reverse Side)

APR 29 1947

APR 27 1947

APR 28 1950

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.....

Licensed Embalmer No. 3960

P. O. Address Maysville 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.