

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

State File No. 15439

Registration District No. 4508 347 Primary Registration District No. 3-474508 Registrar's No.

1. PLACE OF DEATH:

(a) County Stone
(b) City or town Galena
(c) Name of hospital or institution: /
(d) Length of stay: In hospital or institution: ---
In this community Lifetime (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stone 164
(c) City or town Galena
(d) Street No. ---
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ---

3. (a) PRINT FULL NAME Emma Frances WHITTED

3. (b) If veteran, name war: --- 3. (c) Social Security No. 497243832

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

6. (b) Name of husband or wife: --- 6. (c) Age of husband or wife if alive: --- years

7. Birth date of deceased: June 9 1925 (Month) (Day) (Year)

8. AGE: Years 20 Months 9 Days 28 If less than one day --- hr. --- min.

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

10. Usual occupation Depot Agent

11. Industry or business for Mo. Pacific, RR

MOTHER FATHER { 12. Name O. T. Whitted
13. Birthplace Cabool Missouri (City, town, or county) (State or foreign country)
14. Maiden name Anna Lee Craig
15. Birthplace Galena Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Anna C. Whitted

(b) Address Galena, Missouri

17. (a) Burial (b) Date thereof 4/9/1946 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Galena Cemetary

18. (a) Signature of funeral director: W.B. Room

(b) Address Cassville, Missouri

19. (a) April 13, 1946 (b) Mrs. J. Elmer Brown (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 7th year 1946 hour 9:00 minute P.M.

21. I hereby certify that I attended the deceased from Jan 15 - 1946 to 7 April 1946 that I last saw her alive on 7 April 1946 and that death occurred on the date and hour stated above.

Immediate cause of death: Sudden cardiac disease (acute) Duration 6 mo

Other conditions: (Include pregnancy within 8 months of death)

Major findings: Of operations: X 445 Of autopsy: X

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: C

23. Signature: J. Elmer Brown (M. D. or other) Address: Cassville, Mo Date signed: 4/13/46

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

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AUG 16 1946

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 J. C. Canada
Licensed Embalmer No. 4196
P. O. Address Cassville, 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.