

FILED JUN 11 1948

Registration District No. 2741

Primary Registration District No. 1834

Registrar's No.

1. PLACE OF DEATH:

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton 73
(c) City or town Rural Diamond 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. _____ (If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME LULU ELSIE WADE WHITEBORN

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 WIDOWED

6. (b) Name of husband or wife RUBEN S. WHITEBORN 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased JUNE 1881
(Month) (Day) (Year)

8. AGE: Years 64 Months 9 Days 13 If less than one day hr. _____ min. _____

9. Birthplace NEWTON Co. MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business _____

12. Name GEORGE ERYON WADE 1

13. Birthplace W. VIRGINIA 1

14. Maiden name ELIZABETH BUSEY

15. Birthplace W. VIRGINIA 1

16. (a) Informant Elizabeth W. Pollio

(b) Address Washington D.C.

17. (a) Rural (b) Date thereof 5-25-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Boyd Cemetery

18. (a) Signature of funeral director Wesley Thompson

(b) Address Nesko Mo.

19. (a) June 1st 1948 (b) Mrs. Alie Parnell
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 19
year 1946 hour Unknown minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____;
that I last saw her alive on May 21 1946
and that death occurred on the date and hour stated above.

Immediate cause of death: cause of death unknown
was found dead in her bed
due to hypertension
had been treated
for High Blood pressure
due to Natural causes

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) Natural causes.

(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 3

23. Signature Orley Thompson Coroner
Address Nesko Mo. Date signed 6/22/48

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

3

10037

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.....

George A. Thomas, Registered Apprentice No. *391*
working under my personal supervision

Signed *Corey Thompson*

Licensed Embalmer No. *3259*

P. O. Address. *Neesho 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.