

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED JUL 29 1946

Registration District No. \_\_\_\_\_

Primary Registration District No. 3016

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Clinton  
(b) City or town Cameron  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 517 N. Main St  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 70 (Specify whether  
In this community Lifetime years, months or days)

3. (a) PRINT  
FULL NAME

Hannie Fano Whitaker

3. (b) If veteran,  
name war L

3. (c) Social Security  
No. L

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married,  
2 divorced widm  
6. (b) Name of husband or wife Miles Whitaker 6. (c) Age of husband or wife if  
alive 5 years  
7. Birth date of deceased Sept 5 1870  
(Month) (Day) (Year)

8. AGE: Years 75 Months 10 Days 0 If less than one day  
hr. min.

9. Birthplace De Hall Co Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business

12. Name Wm R Wood  
13. Birthplace Scott Co Kentucky  
(City, town, or county) (State or foreign country)  
14. Maiden name Luellen Balsom  
15. Birthplace Scott Co Kentucky  
(City, town, or county) (State or foreign country)

16. (a) Informant Nolan Phelps  
(b) Address Cameron

17. (a) Burial (b) Date thereof 7-7-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Christian Chapel Cam.

18. (a) Signature of funeral director Salad Funeral Home

(b) Address Cameron

19. (a) July 6, 1946 (b) Mrs Willie James  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clinton  
(c) City or town Cameron  
(If outside city or town limits, write "RURAL")  
(d) Street No. 517 N. Main St  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 5  
year 1946 hour 2:45 minute P M.

21. I hereby certify that I attended the deceased from May 26  
that I last saw her alive on July 5  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Myocardial Infarction  
Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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)  
(c) Means of injury \_\_\_\_\_

23. Signature A. O. Ziehl (M. D. or other) 17/46  
Address B. Cameron Mo. Date signed 7/6/46

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, 0000

which was by personal supervision

Signed

Clarence T. Nelson

Licensed Embalmer No.

4421

P. O. Address

Cameron, 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.