

FILED OCT 4 1946
Registration District No. **297**

Primary Registration District No. **6020**

Registrar's No. **93**

1. PLACE OF DEATH:

(a) County **Ray**

(b) City or town **Rural, north of Ray, Mo**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1 mile N.W. Hardin 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 **16 yrs.** years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Ray 89**

(c) City or town **Rural**
(If outside city or town limits, write "RURAL")

(d) Street No. **1 mile N.W. Hardin mo**
(If rural, give location)

(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country **no.**

3. (a) PRINT FULL NAME **Bettie Ann Whiting**

(b) If veteran, name war **L**

(c) Social Security No. **L**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept 13** day **13** of year **1946** hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from **Aug 1 - Sept 13 - 46**
and that I last saw her alive on **Sept 12 - 1946**
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Myocarditis**

Duration _____

4. Sex **T 1** **5. Color or race** **W**

6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Joseph Whiting Deauad**

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

7. Birth date of deceased **May - 30 - 1863**
(Month) (Day) (Year)

8. AGE: Years **84** Months **3** Days **14** If less than one day _____ hr. _____ min.

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

10. Usual occupation **House Keeper**

11. Industry or business _____

MOTHER FATHER

12. Name **Spence Wheeler 9**

13. Birthplace **unknown unknown**
(City, town, or county) (State or foreign country)

14. Maiden name **Margaret Stevens**

15. Birthplace **unknown unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Yvonne Whiting 1**

(b) Address **Hardin, Missouri**

17. (a) Burial (b) Date thereof **sep-16-1946**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Powell Cemetery**

18. (a) Signature of funeral director **R. P. Boppers**

(b) Address **Kidgway Mo**

19. (a) Sept 14 - 46 (b) **madal jackson**
(Date received local registrar) (Registrar's signature)

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: **93D**

Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **910**

(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 _____

23. Signature **B. E. Jones** M. D. or other? **MD**

Address **6. E. Johnson** Date signed **9-13-46**

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed

7-28-46

OCT 7 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

[Handwritten Signature]

Licensed Embalmer No. 4066

P. O. Address. *[Handwritten Address]*

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.