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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED DEC 30 1946

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 40343

Registration District No. 133

Primary Registration District No. 3022

Registrar's No. 116

1. PLACE OF DEATH:

(a) County Harrison CO

(b) City or town Stonington MO

(c) Name of hospital or institution: Walker Hospital

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day (Specify whether)

In this community 1 day (Specify whether)

years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Putnam 38

(c) City or town Stonington (If outside city or town limits, write "RURAL") 2

(d) Street No. 10 (If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME VICKI LYNN WHITMIRE

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 Oct 2 1946

(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
	<u>2</u>	<u>12</u>	hr. min.

9. Birthplace Ashland MO

(City, town, or county) (State or foreign country)

10. Usual occupation child

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Mr. Brock Whitmire

13. Birthplace MO

(City, town, or county) (State or foreign country)

14. Maiden name Ruth Rogers

15. Birthplace Stonington MO

(City, town, or county) (State or foreign country)

16. (a) Informant Miss Isabel Rogers

(b) Address Stonington MO

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/15/46

(Month) (Day) (Year)

(c) Place: burial or cremation Stonington MO

18. (a) Signature of funeral director Leroy H. Phillips

(b) Address Stonington MO

19. (a) 12/15/46 (Date registered) (b) Zola Burris (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 14 year 1946 hour 4 minute A M.

21. I hereby certify that I attended the deceased from Dec 12, 1946, to Dec 14, 1946, that I last saw him alive on Dec 14, 1946, and that death occurred on the date and hour stated above.

Immediate cause of death Labor Pneumonia

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

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

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Duration

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

Of autopsy 108

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 \_\_\_\_\_

23. Signature C. N. Williams (M. D. or other) P.O.

Address Putnam MO Date signed 12/15/46

(Licensed Embalmer's Statement on Reverse Side)

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

116

DISTRICT HEALTH OFFICE  
Cameron, Mo.

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 \_\_\_\_\_

working under my personal supervision.

Registered Apprentice No. \_\_\_\_\_

Signed \_\_\_\_\_

Licensed Embalmer No. 1898

P. O. Address Stanton, Md

**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.**