

FILED JUN 2 1947

Registration District No. 251

Primary Registration District No. 3-048 575-3 Registrar's No. 104

1. PLACE OF DEATH:

(a) County Madaway

(b) City or town Maryville Mo.  
(If outside city or town limits, write "RURAL" and give location)

(c) Name of hospital or institution: none  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7  
(Specify whether)

In this community 7  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howell

(c) City or town Willow Springs  
(If outside city or town limits, write "RURAL")

(d) Street No. 1  
(If rural, give location)

(e) Citizen of foreign country? 1  
(Yes or No)

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

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME Garnett Lucille Whysong

3. (b) If veteran, name war No

3. (c) Social Security No. No

20. DATE OF DEATH: Month May day 18<sup>th</sup>  
year 1947 hour about 2 minute 30 P.M.

4. Sex Female 5. Color or race w

6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife Simon Albert Whysong 6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased January 15 - 1887  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from not  
attended 19\_\_ to 19\_\_

that I last saw her alive on not seen 19\_\_  
and that death occurred on the date and hour stated above.

8. AGE: Years 60 Months 4 Days 3 If less than one day  
hr. min.

Immediate cause of death: Skull fracture  
Crushed chest

Due to Automobile wreck  
no collision

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

Duration  
Immediate death

9. Birthplace Blue Rapids Kansas  
(City, town, or county) (State or foreign country)

Other conditions none  
(Include pregnancy within 3 months of death)

10. Usual occupation Housewife

Major findings: no operations

Of operations \_\_\_\_\_

Of autopsy no autopsy

PHYSICIAN  
Underline the cause which death should be charged statistically.

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

12. Name Edward Keathman

13. Birthplace Circleville, Kansas  
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Deek

15. Birthplace Oshtemo Kansas  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Margriet Deek

(b) Address 105 East Dixon, Central Bluffs, Iowa

17. (a) Cremation (b) Date thereof 5-24-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

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

(a) Accident, suicide, or homicide (specify) accident

(b) Date of occurrence May 18<sup>th</sup> 1947

(c) Where did injury occur? Near highway  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Public place - Highway  
(Specify type of place)

While at work no Means of injury Car Wreck

(c) Place: burial or cremation Willow Springs

18. (a) Signature of funeral director G. W. Holtzman

(b) Address Maryville Mo

19. (a) 5/22/47 (b) Bess Holt  
(Date received local registrar) (Registrar's signature)

23. Signat L. Sheau-Corones (M. D. or other) M.D.

Address Maryville Mo Date signed 5-21-47

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

MOTHER FATHER

Maryville Mo 74

1947

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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed G M Catehead  
Licensed Embalmer No. 2279  
P. O. Address Marionville 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.