

No. 2
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5-17-39
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THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39370

FILED NOV 19 1947

Registration District No. 316

Primary Registration District No. 6075

Registrar's No. 373

1. PLACE OF DEATH:
 (a) County St. Francois
 (b) City or town Farmington - RURAL St. Francois
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Missouri State Hospital No. 4
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 mos. 6 das.
 (Specify whether years, months or days)

3. (a) PRINT FULL NAME JOSIE WHITTEMORE
 3. (b) If veteran, name war No
 3. (c) Social Security No. None

4. Sex Female / 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Fred Whittemore
 6. (c) Age of husband or wife if alive 60 years
 7. Birth date of deceased November 5, 1889
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>57</u>	<u>10</u>	<u>22</u>	hr. min.

9. Birthplace Hardin County, Tennessee
 (City, town, or county) (State or foreign country)
 10. Usual occupation Housewife

11. Industry or business
 12. Name Frank Ratliff
 13. Birthplace Giles County, Tennessee
 (City, town, or county) (State or foreign country)
 14. Maiden name Melvina Bonec
 15. Birthplace Unknown Tennessee
 (City, town, or county) (State or foreign country)

16. (a) Informant Records State Hospital No. 4
 (b) Address Farmington, Missouri
 17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-3-1947
 (Month) (Day) (Year)
 (c) Place: burial or cremation Stanfield, Cem. Clarkton, Mo.

18. (a) Signature of funeral director Lloyd Russell
 (b) Address Piggott, Arkansas
 19. (a) 11-13-47 (Date received local registrar) (b) Ether Rudloff (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County New Madrid
 (c) City or town Gideon Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. Unknown
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 27
 year 1947 hour 12 minute 30 A. M.
 21. I hereby certify that I attended the deceased from August 14, 1947, 19... to September 27, 1947;
 that I last saw her alive on September 27, 1947, 19...
 and that death occurred on the date and hour stated above.

Immediate cause of death
Cerebral Hemorrhage
 Due to Arteriosclerosis
 Due to

Other conditions (Include pregnancy within 3 months of death)
 Major findings: Of operations
83A
 Of autopsy No 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?
 (Specify type of place) (e) Means of injury
 23. Signature George N. Record (M. D. or other) M.D.
 Address Farmington, Mo. Date signed 10-9-47

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

MOTHER FATHER

RECEIVED

District Health Officer No. 4
District File Number 1147-1452
Date Filed 11-18-47

NOV 20 1947

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

Signed Lloyd Russell
Licensed Embalmer No. 209
P. O. Address Piggott Ark.

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.