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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAR 9 1948

Registration District No. 1786

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3026

State File No. 32197

Registrar's No. 67

1. PLACE OF DEATH:
(a) County: Jackson
(b) City or town: Independence
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Independence Sanitarium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 12 hours (Specify whether
In this community: 27 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson
(c) City or town: Independence
(If outside city or town limits, write "RURAL")
(d) Street No.: 1239 S. McCoy
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: MRS. EMMA WHITEHEAD
3. (b) If veteran, name war: none
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: Geo. E. Whitehead
6. (c) Age of husband or wife if alive: 76 years
7. Birth date of deceased: June 4, 1875 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
72	8	16	hr. min.

9. Birthplace: Dow City, Iowa (City, town, or county) (State or foreign country)
10. Usual occupation: housewife
11. Industry or business:
MOTHER FATHER
12. Name: unknown Goodmand
13. Birthplace: unknown (City, town, or county) (State or foreign country)
14. Maiden name: Margaret Baber
15. Birthplace: unknown, Virginia (City, town, or county) (State or foreign country)
16. (a) Informant: Geo. E. Whitehead
(b) Address: 1239 S. McCoy, Independence, Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof: 2/21/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Md. Grove Cemetery
18. (a) Signature of funeral director: Geo. L. Carson
(b) Address: Independence, Mo.
19. (a) 2-21-48 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Feb. day: 20 year: 1948 hour: 5:35 minute: A.M.
21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Circulatory Failure	
Due to: Carcinoma of Caecum	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: 46E	
Of autopsy: See above	

PHYSICIAN — Underline the cause of 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? (Specify type of place)
While at work? Means of injury
23. Signature: A. E. Upsher (M. D. or other) MD
Address: 2800 Main Date signed: 2/20/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

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 Charles T. Tyler, Registered Apprentice No. 411, working under my personal supervision.

Signed Floyd C. Carson

Licensed Embalmer No. H-199

P. O. Address Independence, 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.