

FILED AUG 5 1948

Registration District No. **96**

Primary Registration District No. **5350**

Registrar's No. **61**

1. PLACE OF DEATH:

(a) County **Dallas**
(b) City or town **Urbana, Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **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 _____
years, months or days)

3. (a) PRINT FULL NAME **Minnie Lone Whillock**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **N**

4. Sex **Female** 5. Color or race **W**
6. (a) Single, widowed, married, divorced **M**
6. (b) Name of husband or wife **Homer B Whillock** 6. (c) Age of husband or wife if alive **62** years
7. Birth date of deceased **June - 10 1888**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
60 1 14 hr. min.

9. Birthplace **Granby, Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business _____

MOTHER FATHER { 12. Name **James A Sanders**

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

14. Maiden name **Alice V Whillock**

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

16. (a) Informant **Homer B Whillock**

(b) Address **Urbana, Mo**

17. (a) **Burial** (b) Date thereof **July 25-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Bowers Chapel - Cer?**

18. (a) Signature of funeral director **Vaughan - Rem**

(b) Address **Urbana, Mo**

19. (a) **7/31/48** (b) **Miss J. B. Jones**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Dallas** **30**
(c) City or town **Urbana, Mo** **0**
(If outside city or town limits, write "RURAL") **0**
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **24**
year **1948** hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from **July 21**
19**48**, to **July 24** 19**48**
that I last saw her alive on **July 23** 19**48**
and that death occurred on the date and hour stated above.

Immediate cause of death **Pulmonary typh**
Tularemia
Tick bite on right thigh
Due to _____
Due to _____

Other conditions **Chronic valvular heart dis** etc.
(Include pregnancy within 3 months of death)

Major findings: **None**
Of operations _____
Of autopsy **None**

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 **Ed Plummer** (M. D. or other) **MD**
Address **Buffalo, Mo.** Date signed **7-30-48**

RECEIVED

District Health Office

District File Number 7-48-82

Date Filed 8-2-48
Date Filed

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... *Allen W. Vaughan*

Licensed Embalmer No. *4156*

P. O. Address... *Urbana, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.