2
43
39
36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 24 1948

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 27375

Registration District No. 390 Primary Registration District No. 4442 Registrar's No.

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

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

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

3. (a) PRINT FULL NAME Elmer Whitmarsh
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Oct (Month) 31 (Day) 1859 (Year)
8. AGE: Years 88 Months 9 Days 18 If less than one day hr. min.
9. Birthplace (City, town, or county) Illinois (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER 12. Name Dont Know.
13. Birthplace Dont Know. (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Patty Hawkins
15. Birthplace Dont Know. (City, town, or county) (State or foreign country)
16. (a) Informant Thomas Whitmarsh
(b) Address Mexico Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 21 1948 (Month) (Day) (Year)
(c) Place: burial or cremation City Cem. Higbee Mo
18. (a) Signature of funeral director Joe W. Burton
(b) Address Higbee Mo
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 19 year 1948 hour 1 minute 30 p.m.
21. I hereby certify that I attended the deceased from Aug 16, 1948, to Aug 19, 1948; that I last saw him alive on Aug 19, 1948, 19; and that death occurred on the date and hour stated above.

Immediate cause of death Gastro-Enteritis	Duration
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations NO
Of autopsy NO

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature [illegible] (M. D. or coroner)
Address Higbee, MO Date signed 8/23/48

(Licensed Embalmer's Statement on Reverse Side)

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 J. Walker Audsle

Licensed Embalmer No. 3336

P. O. Address Glasgow

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

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