

FILED NOV 19 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35363

Registration District No. 302

Primary Registration District No. 6186

Registrar's No. 04

1. PLACE OF DEATH:

(a) County Taney
(b) City or town Brownbranch, rural, beaver
(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
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Taney
(c) City or town Brownbranch
(d) Street No.
(e) Citizen of foreign country?
If yes, name country.

3. (a) PRINT FULL NAME Sarah Jane Whitaker

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

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife W. G. Whitaker 6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased Sept. 4, 1873

8. AGE: Years 75 Months 1 Days 19 If less than one day

9. Birthplace Kentucky

10. Usual occupation Housewife

11. Industry or business

12. Name Russell Combs

13. Birthplace Unknown

14. Maiden name Polly

15. Birthplace Kentucky

16. (a) Informant W. G. Whitaker

(b) Address Brown Branch

17. (a) (b) Date thereof 10-24-48

(c) Place: burial or cremation Brownbranch

18. (a) Signature of funeral director Clinkingbeard Funeral Home
(b) Address Ava, Missouri

19. (a) 11-1-48 (b) J. E. Copeland

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 23 year 1948 hour 1 minute 1:15 A.M.
21. I hereby certify that I attended the deceased from 2-12-48, 1929, to 10-23-48, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death: Uremia

Due to: cerebral apoplexy

Other conditions: chronic myocarditis

Major findings: Of operations: Of 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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

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

23. Signature: J. C. Henry (M. D. Registrar) Date signed: 10-23-48

Duration: 3 1/2 yrs
15 yrs
PHYSICIAN: Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 6,

District File Number 1148-1273

Date Filed 11-9-48

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 C A Roof

Licensed Embalmer No. 3044

P. O. Address.....

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.