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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 2 1948

MISSOURI DIVISION OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 37014

Registration District No. 196 Primary Registration District No. 3026 Registrar's No. 354

**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 Sanatiarium
(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 18 years
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Jackson 48

(c) City or town Independence 4
(If outside city or town limits, write "RURAL") 4

(d) Street No. 812 South Cottage 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country None

3. (a) PRINT FULL NAME Miss Beulah G. Whiting

3. (b) If veteran, name war No

3. (c) Social Security No. 497-28-9946

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife Single

6. (c) Age of husband or wife if alive - years

7. Birth date of deceased December (Month) 14 (Day) 1920 (Year)

8. AGE: Years 27 Months 11 Days 28 If less than one day ..... hr. ..... min.

9. Birthplace Clitherall, Minnesota
(City, town, or county) (State or foreign country)

10. Usual occupation Clerk in Grocery Store

11. Industry or business Fletcher & Whiting Gro. Co.

FATHER
12. Name Erle I. Whiting
13. Birthplace Clitherall, Minn
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Blanche G. Cruzan
15. Birthplace Dennison, Iowa
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Erle Whiting
(b) Address 812 South Cottage

17. (a) Burail (Burial, cremation, or removal) (b) Date thereof 11-16-48 (Month) (Day) (Year)
(c) Place: burial or cremation Mound Grove Cem.

18. (a) Signature of funeral director Geo. C. Carson F. Home
(b) Address Independence, Missouri

19. (a) 11-14-48 (Date received local registrar) (b) [signature] (Registrar's signature) 354

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month November day 12th
year 1948 hour 3 minute 25 p.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 Cerebral Hemmorrhage | 8 hrs. |
| Due to Spontaneous | |
| Due to Hypertension | Yrs. |
| Other conditions Chronic Nephritis (Include pregnancy within 3 months of death) | " |

Major findings:
Of operations 3 16
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? Pathologist (Specify type of place)

While at work? (e) Means of injury

23. Signature A. E. Ascher (M. D. or other) MD

Address 2800 Main Date signed 11/13/48

Jefferson City Printing Co. (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 Richard L. Mullins, Registered Apprentice No. 268 working under my personal supervision.

Signed Charles T. Tyler

Licensed Embalmer No. 4534

P. O. Address Lamar 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.