

FILED MAR 14 1949

Registration District No. 210Primary Registration District No. 5-771Registrar's No. 21

1. PLACE OF DEATH:

(a) County Mercer
 (b) City or town South Lineville Mo. main
 (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
 In this community 75 years 35 Months 26 days (Specify whether
 years, months or days)

3. (a) PRINT FULL NAME Mary Eletha Jane Whan

3. (b) If veteran, name war _____ 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 Frank Whan 6. (c) Age of husband or wife if alive 76 years
 7. Birth date of deceased Sept. 2, 1873
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
75 5 26 hr. _____ min.

9. Birthplace Mercer County Mo. 11
 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Own Home

12. Name Preston C. Hampton

13. Birthplace Tenn.
 (City, town, or county) (State or foreign country)

14. Maiden name Sarah Ockerman

15. Birthplace Ind. 1
 (City, town, or county) (State or foreign country)

16. (a) Informant J. Gilbert Whan

(b) Address Lineville, Iowa

17. (a) Burial (b) Date thereof March 3, 1949
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation So Lineville Mo. Cemetery

18. (a) Signature of funeral director Amos L. Shanley

(b) Address Lineville, Iowa.

19. (a) 3-5-49 (b) m. J. Ruller
 (Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Mercer 65
 (c) City or town South Lineville, Mo. 3
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Febr. day 28
 year 1949 hour 7 minute 25 P. M.
 21. I hereby certify that I attended the deceased from Jan 49
 _____, 19____ to Feb 28, 19____
 that I last saw her alive on Feb 27, 19____
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration _____

Due to _____

Due to _____

Other conditions: _____
 (Include pregnancy within 3 months of death)

Major findings: _____
 Of operations _____

Of autopsy _____

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 C. E. Smith (M. D. or other) _____
 Address Lineville Ia Date signed 3/4/49

APR 11 1949

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

Ames L. Granger

Licensed Embalmer No.

3967

P. O. Address

Linnville, 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.