

FILED MAY 19 1949

STANDARD CERTIFICATE OF DEATH

State File No. 14850

BIRTH NO. _____		REG. DIST. NO. <u>38</u>		PRIMARY REG. DIST. NO. <u>4050</u>		Registrar's No. <u>125</u>	
1. PLACE OF DEATH a. COUNTY <u>Boone</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Harrisburg</u>		c. LENGTH OF STAY (In this place) <u>3 WKS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Harrisburg, Mo.</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Harrisburg, Mo.</u>				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Mary Ellen</u>		b. (Middle) <u>Asbury</u>		c. (Last) <u>Whitmarsh</u>	
4. DATE OF DEATH		(Month) <u>May</u>		(Day) <u>5</u>		(Year) <u>1949</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>March 15, 1864</u>	
9. AGE (In years last birthday) <u>85</u>		OF UNDER 1 YEAR Months <u>1</u>		OF UNDER 12 HRS. Days <u>21</u>		OF UNDER 1 MIN. Hours <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Boone Co. Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John Asbury</u>		13b. MOTHER'S MAIDEN NAME <u>Sally Bailey</u>		14. NAME OF HUSBAND OR WIFE <u>William M. Whitmarsh</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>F. T. Whitmarsh</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Semility</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Venous poisoning</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>1 wks</u> <u>5'12X</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>1947</u> , 19___, to <u>5/5/49</u> , 19___, that I last saw the deceased alive on <u>5/1/49</u> , 19___, and that death occurred at <u>6 A m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>D. L. Sturgeon M.D.</u>				23b. ADDRESS <u>A. Sturgeon Mo</u>		23c. DATE SIGNED <u>9 May 49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5/8/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Harrisburg Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Harrisburg, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>May 12 1949</u>		REGISTRAR'S SIGNATURE <u>Mrs. R.E. Palmer</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ralph A. Case</u>		ADDRESS <u>Fayette, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 9
District File Number
MAY 18 1949
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 _____

Marshall C Blackwell Student Embalmer No. 393
working under my personal supervision.

Signed Marshall C Blackwell
Student Embalmer

Signed Ralph A Carr
Licensed Embalmer No. 3340
P. O. Address Fayette 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.