S. No. 2
M—5-42
v. 5-17-39
I X32873

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

1 21044

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 7 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 32 — Primary Registration District No. 5109 — Registrar's No. 36

1. PLACE OF DEATH:
(a) County Bollinger
(b) City or town Rural Crooked Creek (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: At home (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 60 years

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

3. (a) PRINT FULL NAME Lydia Elphradia Whitener
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, ~~widowed~~ (circled: widowed), married, divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased December 26 1865 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
78	5	19	hr. min.

9. Birthplace Madison County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation housewife
11. Industry or business

FATHER
12. Name William Berry
13. Birthplace (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Cynthia Banks
15. Birthplace (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs. B. A. Estes
(b) Address Bessville, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 16 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Union Cemetery
18. (a) Signature of funeral director [signature]
(b) Address Marquand Mo
19. (a) 6/23/44 (Date received local registrar) (b) Mrs Geneva Graham (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 15
year 1944 hour 10 minute 45 A.M.
21. I hereby certify that I attended the deceased from Jan 1st 1944, to June 15th 1944;
that I last saw her alive on June 15th 1944
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Myocarditis	
Due to Chronic Interstitial Nephritis	
Due to Senility	

Other conditions (Include pregnancy within 3 months of death) 13/a
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) no
(b) Date of occurrence no
(c) Where did injury occur? no (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 C. D. Dampf (M. D.)
Address Ste Genevieve Mo Date signed 6-21

11 6 3 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 244-4028

Date Filed 7-6-44

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.....

Licensed Embalmer No.....

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.