MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

File No. 39296
Registered No.

1. PLACE OF DEATH

County: Chariton
Township: Yellow Creek
City: Rothville (No. 4103 St. Ward)

Registration District No. 174
Primary Registration District No. ~~5241~~ -

2. FULL NAME: Elizabeth Whisenand

(a) Residence, No. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): ~~Married~~

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Issac Whisenand

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 18/1868

7. AGE: Years 71 | Months 4 | Days 28 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Boone Co Mo. 0

FATHER

13. NAME: Enoch Cook 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Boone Co Mo. 9

MOTHER

15. MAIDEN NAME: Elizabeth Tate
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): James Whisenand Rothville Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Union Chapel DATE: Nov 17, 1939

19. UNDERTAKER (ADDRESS): S. L. Leipard Mendon Mo.

20. FILED: Dec 1, 1939 L. D. Stratton, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov 15, 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug 9th, 1938, to Nov 15, 1939
I last saw her alive on Nov 15, 1939. Death is said to have occurred on the date stated above, at 10 P M
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of pelvic and cervical glands	8-9-38

Other contributory causes of importance:

Name of operation: Date of:
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury:
Nature of injury:

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify:
(Signed) U. G. Buck, M. D.
(Address) Rothville, Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should st
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very import

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

X7044

Statement by Licensed Embalmer

I hereby certify that the body whose name is recorded on the reverse side of the certificate was embalmed by me

Signed S. L. Leupard

Licensed Embalmer # 3976

P O Address Meadon Mo

RECEIVED
District Health Officer
Date Filed 12/14/39

FILL IN ANSWERS TO ALL SPACES CHECKED IN RED PENCIL.

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CERTIFICATE OF DEATH

39296
Do not use this space.

1. PLACE OF DEATH
(a) County Chariton — Registration District No. 174
(b) Township — Primary Registration District No. 4103 — Registered No.
(c) City Rothville — (d) Street No. — St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Elizabeth Wisemand
(a) Residence, No. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) M

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE — Years 71 — Months 4 — Days 28 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

FATHER
13. NAME
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE DATE 19

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED about 11-20- 19 39 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-15 19 39

22. I HEREBY CERTIFY, That I attended deceased from ....19...., to ....19....
I last saw h.... alive on ....19.... Death is said to have occurred on the date stated above, at ....m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of palate	
and cervical glands	
(Primary seat in palate)	

Other contributory causes of importance:

Name of operation .... Date of ....
What test confirmed diagnosis? .... Was there an autopsy? ....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? .... Date of injury ....19....
Where did injury occur? ....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury ....
Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? ....
If so, specify ....
(Signed) U. G. Buck, M. D.
(Address) Rothville Mo

SUPPLEMENTARY

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

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