

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.

JAN 11 1939

State File No. \_\_\_\_\_

Registration District No. 639

Primary Registration District No. 6229

Registrar's No. 101

1. PLACE OF DEATH:  
 (a) County Madison  
 (b) City or town Buckhorn R.R., Maquand  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: In Country home 3  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution None  
 (Specify whether \_\_\_\_\_)  
 In this community \_\_\_\_\_  
 years, months or days 356

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Madison  
 (c) City or town Buckhorn R.  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 4 Mi. S.W. of Maquand  
 (If rural give location) \_\_\_\_\_  
 (e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME DORA Ann Whitener  
 3. (b) If veteran, name war ✓  
 3. (c) Social Security No. ✓

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Dec day 13  
 year 1939 hour 10 minute \_\_\_\_\_ P. M.

4. Sex Female 5. Color or race White  
 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Jerry Lee Whitener  
 6. (c) Age of husband 63 years if alive 1878  
 7. Birth date of deceased January 1 1878  
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 4:30 PM Dec 13, 1939 to 9:30 AM Dec 13, 1939; that I last saw h.s.v. alive on Dec 13, 1939; and that death occurred on the date and hour stated above.

8. AGE: Years 61 Months 11 Days 12  
 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Immediate cause of death Cerebral Hemorrhage  
 Due to \_\_\_\_\_  
 Due to 820'

9. Birthplace Madison Co. Missouri  
 (City, town, or county) (State or foreign country)

Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

10. Usual occupation Farming

Major findings: Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

11. Industry or business House Wife

MOTHER FATHER  
 12. Name E. J. Yount  
 13. Birthplace Dallinger Co. Mo.  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Margaret Graham  
 15. Birthplace Madison Co. Mo.  
 (City, town, or county) (State or foreign country)

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 \_\_\_\_\_

16. (a) Informant's own signature D.A. Whitener  
 (b) Address Maquand Mo.

17. (a) Burial (b) Date thereof 12/15/39  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Yount Cemetery

18. (a) Signature of funeral director E. J. Yount  
 (b) Address Maquand Mo.

19. (a) Dec 14 1939 (b) S. C. Blawieles  
 (Date received local registrar) (Registered signature)  
Ray P. Schramm

23. Signature G. M. Smith (M.D. or other) Al  
 Address Maquand Date signed Dec 19 1939

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**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, above space should be left blank.**