No. 2
-11-10-
5-17

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

JUN 13 1940

Registration District No. 318

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 18390

Primary Registration District No. 2001

Registrar's No. 405

**1. PLACE OF DEATH:**

(a) County GREENE

(b) City or town Springfield (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1406 W. Calhoun 2 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ✓ (Specify whether In this community years, months or days) 3 2 L

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo. (b) County ~~Springfield~~ Greene

(c) City or town Springfield (If outside city or town limits, write "RURAL")

(d) Street No. 1406 W Calhoun (If rural, give location)

(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME SARAH WHITTAKER

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Unk

6. (b) Name of husband or wife Unk

6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased July (Month) 19 (Day) (Year)

8. AGE: Years about 71 | Months | Days | If less than one day ..... hr. ..... min.

9. Birthplace Unknown (City, town, or county) (State or foreign country)

10. Usual occupation Retired Hwf.

11. Industry or business Inmate Nursing Home

FATHER
12. Name Sim Durall
13. Birthplace Unknown (City, town, or county) Tenn (State or foreign country)

MOTHER
14. Maiden name Lucinda Butler
15. Birthplace Unknown (City, town, or county) Tenn (State or foreign country)

16. (a) Informant Luther Highfill

(b) Address 1606 W Calhoun

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 4 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Hazlewood

18. (a) Signature of funeral director J. W. Klingner & Co.

(b) Address Springfield Mo.

19. (a) May 3, 1940 (Date received local registrar) (b) W. E. Handley MD (Registrar's signature) RJB

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month May day 1 year 1940 hour 11 minute 30 P. M.

21. I hereby certify that I attended the deceased from April 28, 1940, to May 1, 1940; that I last saw her alive on May 1, 1940; and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Uremia | |
| Due to Carcinoma of Bladder Primary | |
| Due to Pyelo-nephritis | |
| Other conditions (Include pregnancy within 3 months of death) 53 | |

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? 984 (Specify type of place)

While at work? (e) Means of injury

23. Signature R Ned White (M. D. or other) 1

Address Springfield Date signed 5/2/40

(Licensed Embalmer's Statement on Reverse Side)

## 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 Ogle Stone Jr., Registered Apprentice No. 232 working under my personal supervision.

Signed Warren D. Noblett

Licensed Embalmer No. 4005

P. O. Address Springfield Mo.

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank:** X