DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

JUL 9 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22017

Registration District No. 412 Primary Registration District No. 5570 Registrar's No. 3

1. PLACE OF DEATH:

(a) County Jasper

(b) ~~City or town~~ RURAL ---DUVAL TOWNSHIP.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Route #2, Jasper 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 Lifetime.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

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

(d) Street No. Route # 1, Carthage, Mo.
(If rural, give location)

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

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3. (a) PRINT FULL NAME Mary Elizabeth Whitehead.

3. (b) If veteran, name war

3. (c) Social Security No. NONE

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Feb. (Month) 2, (Day) 1860 (Year)

8. AGE: Years 80 Months 4 Days 7 If less than one day hr. min.

9. Birthplace Carthage, (City, town, or county) Mo. (State or foreign country) 6

10. Usual occupation None

11. Industry or business 1

FATHER
12. Name James Whitehead
13. Birthplace (City, town, or county) Tenn. (State or foreign country) 1

MOTHER
14. Maiden name Lyda Crum
15. Birthplace (City, town, or county) Ind. (State or foreign country)

16. (a) Informant's own signature Mrs. John Hathcock
(b) Address Route #2, Jasper, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-11-40 (Month) (Day) (Year)
(c) Place: burial or cremation Gray Cemetery.

18. (a) Signature of funeral director Ed. C. Ulmer
(b) Address 1208 Garrison, Carthage, Mo.

19. (a) June 26-40 (Date received local registrar) (b) Charles E Leafe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 9, year 1940 hour 4: minute 00 P.M.

21. I hereby certify that I attended the deceased from 6-25-40, 19, to 5-9-, 1940; that I last saw her alive on 5-9-, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Definitely unknown Probably Carcinoma of Stomach, according to

Due to clinical manifestations.

Due to

Other conditions 46
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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?
373 (Specify type of place)
While at work? (e) Means of injury

23. Signature W. H. Knott (M. D. ~~or other~~) M.D.
Address Jasper, Mo. Date signed 6-11-40

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

Rev. 5-17-39
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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.....2 2 2 2

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.