

Registration District No. 295

Primary Registration District No. 5412

Registrar's No. 21

36  
0  
0

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

1. PLACE OF DEATH: FRANKLIN

(a) County: FRANKLIN

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

(c) Name of hospital or institution: 1 7th St. Sullivan  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 86 Years. (Specify whether years, months or days)

In this community: 86 Years.

3. (a) PRINT FULL NAME: SARAH ANN WHITMIRE

3. (b) If veteran, name war: None 3. (c) Social Security No.: None

4. Sex: Female 5. Color or race: White 6. (a) Single, widowed, married, divorced: 2 Widowed

6. (b) Name of husband or wife: Claiborne Whitmire 6. (c) Age of husband or wife if alive: Dec'd years

7. Birth date of deceased: Oct. 15, 1854  
(Month) (Day) (Year)

| 8. AGE: | Years     | Months   | Days     | If less than one day |
|---------|-----------|----------|----------|----------------------|
|         | <u>86</u> | <u>3</u> | <u>1</u> | hr. min.             |

9. Birthplace: St. Clair, Missouri!  
(City, town, or county) (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business: Home

12. Name: John Morrow

13. Birthplace: St. Clair, Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name: Delilah Funk

15. Birthplace: Missouri!  
(City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Fannie Wright

(b) Address: Sullivan, Mo.

17. (a) Burial (b) Date thereof: 2/19/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Crow Cemetery

18. (a) Signature of funeral director: [Signature]

(b) Address: Sullivan, Missouri.

19. (a) 1-18-41 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Franklin 31

(c) City or town: Sullivan, (Rural) 5  
(If outside city or town limits, write "RURAL")

(d) Street No.: [Signature] (If rural, give location) 0

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 16  
year 1941 hour 7 minute P.M.

21. I hereby certify that I attended the deceased from 1-16-41  
11:30 pm, 1941 to 1-16-, 1941;  
that I last saw her alive on 1-16, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Thrombosis  
Duration: 12 hours

Due to: [Signature]

Other conditions: [Signature]  
(Include pregnancy within 3 months of death)

Major findings: none  
Of operations: none  
Of autopsy: none

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? \_\_\_\_\_

933 (Specify type of place) (e) Means of injury: \_\_\_\_\_

23. Signature: [Signature] (M. D. or other) 1  
Address: Sullivan, Mo. Date signed: 1-18-41

**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 Me

Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed Edgar W. Laffoon

Licensed Embalmer No. 3394

P. O. Address Sullivan, Mo.

**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.**