

FILED JUL 17 1941

Registration District No. 747

Primary Registration District No. 5072

1. PLACE OF DEATH:

(a) County Holt
 (b) City or town Rural - Minton Mo.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)
 In this community 4 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Holt
 (c) City or town Rural
(If outside city or town limits, write "RURAL")
 (d) Street No. Minton Township
(If rural, give location)
 (e) Citizen of foreign country? NO (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Susan Ann Whipple

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 Widowed
 6. (b) Name of husband or wife John Henry Whipple 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased July 8 1858
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>82</u>	<u>11</u>	<u>4</u>	_____ hr. _____ min.

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

10. Usual occupation Housekeeper

11. Industry or business In Home

MOTHER FATHER { 12. Name Jacob Finical
 13. Birthplace unknown Germany
(City, town, or county) (State or foreign country)
 14. Maiden name Susan Ann Rumbel
 15. Birthplace unknown Penn.
(City, town, or county) (State or foreign country)

16. (a) Informant Thomas Edward Whipple
 (b) Address Forest City, Mo.

17. (a) Burial (b) Date thereof 6-13-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Boyd Cemetery

18. (a) Signature of funeral director Walter L. Schenk
 (b) Address Craig, Mo.

19. (a) 6-13-41 (b) J. Tracy
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 12
 year 1941 hour 4 PM minutes _____ M.

21. I hereby certify that I attended the deceased from Oct 15
 _____ 1940 to June 12 1941
 that I last saw her alive on June 7 1941
 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Liver 6 years
 Duration _____

Due to _____
 Due to _____

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

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

23. Signature F. C. Hagan M.D. (M. D. or other) 0
 Address Meredith City Date signed 6-12-41

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

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..... *Wilber L. Schooler*

Licensed Embalmer No. *3997*

P. O. Address *Craig, 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, fact should be so stated above.