

FILED APR 14 1942

Registration District No. 174

Primary Registration District No. 5242

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Chariton Clark Twp  
(b) City or town Marceline Rural  
(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 1  
In this community 2 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Chariton  
(c) City or town Marceline rural  
(If outside city & town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A. 0 years.

3. (a) PRINT FULL NAME SUSIE HANNAH WHITE

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 married  
6. (b) Name of husband or wife John White 6. (c) Age of husband or wife if alive 65 years  
7. Birth date of deceased December 24 1880  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
61 1 14 hr. \_\_\_\_\_ min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER { 12. Name Isaac Whisenand  
13. Birthplace Macon Co. Mo  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Rouver  
15. Birthplace Canada  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature John White

(b) Address Marceline Mo.

17. (a) Rural (b) Date thereof Feb 10 42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Whisenand Cemetery

18. (a) Signature of funeral director James M. Langley

(b) Address Marceline, Mo.

19. (a) March 11, 1942 (b) Ruth Stoner  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 8  
year 1942 hour 4 minute A M.

21. I hereby certify that I attended the deceased from Feb 5, 1942, to Feb 8, 1942;  
that I last saw her alive on Feb 5, 1942,  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis  
Myocardial degeneration  
Myocarditis  
Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 5 months of death)

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

Of autopsy \_\_\_\_\_

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 \_\_\_\_\_

23. Signature G. B. Putman (M. D. or other) MD  
Address Marceline Date signed Feb 9

Duration

3 months  
Blunt  
long gun

PHYSICIAN

Underline the cause to which death should be charged statistically.

MOTHER FATHER

18. (a) Signature of funeral director

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.

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

4-13-42

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 *Blanche McLaughlin*

Licensed Embalmer No. 1000

P. O. Address Marceline, 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.