

No. 1-1-17

18018

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 10 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 404

Registration District No. 318 Primary Registration District No. 5440

1. PLACE OF DEATH:
(a) County GREENE
(b) City or town Springfield Rural Campbell
(c) Name of hospital or institution: Spk. Osteopathic Hospital 2100 South Hill
(d) Length of stay: In hospital or institution 4 days
In this community 4 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Janey
(c) City or town Holliston
(d) Street No. _____
(e) Citizen of foreign country? no

3. (a) PRINT FULL NAME Myrtle Whiteside
(b) If veteran, name war no
(c) Social Security No. no

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 25
year 1942 hour 8 minute 50 A.M.
21. I hereby certify that I attended the deceased from May 21 1942 to May 25 1942
that I last saw or alive on May 25 1942
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race white
6. (a) Single, widowed, married, divorced Single
(b) Name of husband or wife None
(c) Age of husband or wife if alive XX years
7. Birth date of deceased Feb. 12 - 1862

Immediate cause of death Tubercular Pneumonia
Due to _____
Due to _____

8. AGE: Years 78 Months 3 Days 13
If less than one day _____ hr. _____ min.

Other conditions _____
Major findings: Of operations _____
Of autopsy _____

9. Birthplace Franklin Kentucky
10. Usual occupation Nation Park Schore
11. Industry or business Retired
12. Name Joseph W. Whiteside
13. Birthplace Franklin Ky
14. Maiden name Emily Anderson
15. Birthplace Warren Ky

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

16. (a) Informant Berna Brinn
(b) Date thereof May 27 1942
(c) Place: burial or cremation Shawnee Mound Cemetery
17. (a) Signature of funeral director Berna A. Brinn
(b) Address Wesley Brown, Missouri
19. (a) May 25 1942 (b) W. E. Handley

23. Signature William J. Stiegel
Address Springfield, Mo Date signed _____

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

984

W

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 Genea Brown

Licensed Embalmer No. 2664

P. O. Address Walnut Grove 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.

X

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **18 018**

Registration District No. **318**

Primary Registration District No. **5440**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Greene

(b) City or town Rural
(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 _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

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

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Myrtie Whiteside

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May Day 5
year 1942 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____;
that I last saw him/her live on _____, 19____;
and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced S

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

7. Birth date of deceased Feb 12 1862
(Month) (Day) (Year)

Immediate cause of death _____

8. AGE: Years 80 Months 3 Days 13 min. _____
(If less than one day)

Due to hypostatic pneumonia

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

Due to 7. m. o.

10. Usual occupation _____

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

11. Industry or business _____

Major findings: _____

12. Name _____

Of operations _____

13. Birthplace _____
(City, town, or county) (State or foreign country)

Of autopsy _____

14. Maiden name _____
(City, town, or county) (State or foreign country)

PHYSICIAN
Underline the cause to which death should be charged statistically.

15. Birthplace _____
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:

16. (a) Informant _____

(a) Accident, suicide, or homicide (specify) _____

(b) Address _____

(b) Date of occurrence _____

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

(c) Where did injury occur? _____
(City or town) (County) (State)

(c) Place: burial or cremation _____

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

18. (a) Signature of funeral director _____

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

(b) Address _____

23. Signature _____ (M. D. or other) _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

Address _____ Date signed _____

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

SUPPLEMENTARY

