

FILED JAN 3 1944  
Registration District No. 318

Primary Registration District No. 1003

Registrar's No. ....

1. PLACE OF DEATH:

(a) County St. Louis Mo.  
(b) City or town St. Louis Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: BARNES HOSPITAL  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 days  
(Specify whether  
In this community 0  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Wayne 11421  
(c) City or town Greenville NR 111  
(If outside city or town limits, write "RURAL") 0  
(d) Street No. ....  
(If rural, give location) 0  
(e) Citizen of foreign country? ..... (Yes or No)  
If yes, name country 1

3. (a) PRINT FULL NAME Bessie May Whitener

3. (b) If veteran, name war None (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 E.F. Whitener 6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased February 24 1902  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
41 9 26 hr. min.

9. Birthplace Wayne County Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Lawson A. Darnell

13. Birthplace Madison County Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Ida Belle Wright

15. Birthplace Ripley County Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. E.F. Whitener

(b) Address Greenville, Missouri

17. (a) Burial (b) Date thereof 12-21-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Glen Allen, Mo.

18. (a) Signature of funeral director Albert H. Hoppe, Inc.

(b) Address 4700 Washington Blvd.

19. (a) DEC 20 1943 (b) Registrar's signature J. Z. Budek  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 20  
year 1943 hour 4 minute 25 A. M.

21. I hereby certify that I attended the deceased from Dec. 17  
1943, to Dec 20 1943  
that I last saw her alive on Dec - 20 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Gastrointestinal hemorrhage 17 hrs  
Due to Esophageal Varic rupture 17 hrs

Due to Biliary cruphosis 3-4 yrs

Other conditions Rubber tube in body of stomach  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations .....  
Of autopsy 1/11

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 M. C. Abney (M. D. or other) 0  
Address BARNES HOSPITAL Date signed 12/20/43

Duration  
17 hrs  
17 hrs  
3-4 yrs  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

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

0  
7  
9

FEB 25 1944

JAN 24 1944

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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.....

*John Gonocki*

Licensed Embalmer No. ....

*3398*

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, fact should be so stated above.