

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

1. PLACE OF DEATH: Saline
 (a) County Saline
 (b) City or town Marshall
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 776 South Lafayette /
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution. All her life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Saline 97
 (c) City or town Marshall 2
 (If outside city or town limits, write "RURAL")
 (d) Street No. 776 South Lafayette
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____ 0

3. (a) PRINT FULL NAME Emily Jane Whittington

MEDICAL CERTIFICATION

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

20. DATE OF DEATH: Month Feb. day 16 year 1944 hour 70 minute 0 P. M.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow
 6. (b) Name of husband or wife James B. Whittington 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased October 30th, 1847
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Feb 12 1944 to Feb 16 1944 that I last saw h. Ex alive on Feb 16 1944 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>96</u>	<u>3</u>	<u>16</u>	_____ hr. _____ min.

Immediate cause of death 2 hr Duration 6 days

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

Due to _____
 Due to _____

10. Usual occupation Housekeeper

Other conditions Semility 230
 (Include pregnancy within 3 months of death)

11. Industry or business _____

Major findings: X
 Of operations _____
 Of autopsy _____

MOTHER FATHER { 12. Name Daniel Rumans

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

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

14. Maiden name Minerva Green

15. Birthplace Arrow Rock Missouri
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Mabel Mauer

(b) Address Washington, Missouri

17. (a) Burial (b) Date thereof Feb. 19, 1944
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ridge Park cemetery

18. (a) Signature of funeral director Camptell-Kanis

(b) Address Marshall, Mo.

19. (a) 2-19-44 (b) me T. Overbrook
 (Date received local registrar) (Registrar's signature)

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? _____
 (Specify type of place) (e) Means of injury _____

23. Signature H. Putnam (M. D. or other) _____
 Address Marshall Mo Date signed 2-18-44

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

3-13-44

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, ~~only~~

Registered Apprentice No.

working under my personal supervision.

Signed

Jan. H. Quinn

Licensed Embalmer No.

1121

P. O. Address

Marshall 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.