S. No. 2
M—8-43
. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 14 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 13322

Registration District No. 107 Primary Registration District No. 3019 Registrar's No. 33

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1. PLACE OF DEATH:

(a) County Dunklin

(b) City or town Kennett Rural 1
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Presnell 1
(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) One Year

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Dunklin

(c) City or town Kennett Rural 25
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location) 0

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME LILLIE SUMMERS WHITMAN

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

4. Sex Fem 1 | 5. Color or race White 1 | 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife S. B. Whitman | 6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased April (Month) 16 (Day) 1895 (Year)

8. AGE: Years 49 | Months 11 | Days 21 | If less than one day ..... hr. ..... min.

9. Birthplace Little Rock (City, town, or county) Ark 1 (State or foreign country)

10. Usual occupation House Keeper

11. Industry or business .....

FATHER
12. Name Wash Summers
13. Birthplace Little Rock (City, town, or county) Ark 1 (State or foreign country)

MOTHER
14. Maiden name Dont Know
15. Birthplace Dont Know (City, town, or county) 4 (State or foreign country)

16. (a) Informant S. B. Whitman
(b) Address Kennett R-1 Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-10-45 (Month) (Day) (Year)
(c) Place: burial or cremation Marsh Cem

18. (a) Signature of funeral director Kinh und Co
(b) Address Kennett Mo

19. (a) 4-9-45 (Date received local registrar) (b) Julia Blankenship (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 9 year 1945 hour 11 minute 45 a M.

21. I hereby certify that I attended the deceased from 1-24, 1945, to 3-9, 1945; that I last saw her alive on 3-9, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death Uremia

Due to Hypertensive Cardio-Vascular renal disease.

Due to .....

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

Major findings:
Of operations .....

Of autopsy .....

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

Duration

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? ..... (Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature G C Wilson (M. D. or other) M. D

Address Kennett Mo Date signed 3-10-45

9

704

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 545-640
Date Filed 5/7/45

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 Walter C. Hawkins

Licensed Embalmer No. 2007

P. O. Address Kennett 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.

No. 2B
-3-45
X43880

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. Mar

Registration District No. 107 Primary Registration District No. 3019 Registrar's No. 836

1. PLACE OF DEATH:
(a) County Dunklin
(b) City or town Kennett
(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

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 Lillie S. Whitman
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive Years
7. Birth date of deceased April 16 (Month) (Day) (Year)
8. AGE: Years 49 Months 11 Days 7 If less than one day hr. min.
9. Birthplace (City, town, or county) Ark (State or foreign country)
10. Usual occupation
11. Industry or business
MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 9 year 1943 hour minute M.
21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Uremia — Duration
Due to Chronic Nephritis
Due to 3 M
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature (M. D. or other)
Address Date signed

SUPPLEMENTARY

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

13322