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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 9 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 12875

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 359

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

1. PLACE OF DEATH:

(a) County Greene

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

(c) Name of hospital or institution: 999 Benton Ave. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 14 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39

(c) City or town Springfield 2
(If outside city or town limits, write "RURAL")

(d) Street No. 999 Benton Ave. 6
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME EMMA WHITMORE

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female /

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Elmer E. Whitmore

6. (c) Age of husband or wife if alive deceased years

7. Birth date of deceased May (Month) 14, (Day) 1858 (Year)

8. AGE: Years 87 Months 11 Days 11 If less than one day ..... hr. ..... min.

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

10. Usual occupation None

11. Industry or business None

FATHER
12. Name Daniel Naftzger
13. Birthplace Unknown (City, town, or county) Ohio / (State or foreign country)

MOTHER
14. Maiden name Susan Getchel
15. Birthplace Unknown (City, town, or county) Ohio / (State or foreign country)

16. (a) Informant Mrs. H.E. Small
(b) Address 999 Benton Ave., Springfield, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof April 26, 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Independance, Missouri

18. (a) Signature of funeral director Fred C. Thieme
(b) Address Springfield, Mo.

19. (a) 4-26-46 (Date received local registrar) (b) or W.E. Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 25th year 1946 hour 11:40 AM minute ..... M.

21. I hereby certify that I attended the deceased from Apr 4, 1946 to Apr 25, 1946 that I last saw her alive on Apr 25th 46, 19..; and that death occurred on the date and hour stated above.

Immediate cause of death Gall Bladder disease Carcinoma liver?

Due to Arteriosclerosis Senility - Bilarubinuria

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

46 f

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 [signature] (M. D. or other)

Address Spfd. Mo. Date signed

111 (Licensed Embalmer's Statement on Reverse Side)

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.....Fred C. Thieme.....

Licensed Embalmer No.....2899.....

P. O. Address.....Springfield, 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.