

FILED MAY 13 1946
164

Registration District No. _____

Primary Registration District No. 3032

Registrar's No. 39

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

1. PLACE OF DEATH:

(a) County Johnson

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

(c) Name of hospital or institution:
Warrensburg Clinic
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days
(Specify whether years, months or days)

In this community 66 1/2 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson ⁵¹

(c) City or town Rural ⁰
(If outside city or town limits, write "RURAL")

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

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

If yes, name country _____

3. (a) PRINT FULL NAME Esther C. Whitman

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

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced widow

6. (b) Name of husband or wife Adolpheus v. 6. (c) Age of husband or wife if alive Deceased

7. Birth date of deceased oct 12 1860
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

85	5	20	hr. min.
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9. Birthplace Pettis Co. Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business none

MOTHER FATHER { 12. Name John Strickland

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

14. Maiden name Unknown

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

16. (a) Informant Mrs. Elsie Renfro

(b) Address R. # 3 Warrensburg

17. (a) burial (b) Date thereof 4-6-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Hope

18. (a) Signature of funeral director Sweeney Phillips

(b) Address Warrensburg Mo

19. (a) April 6, 1946 (b) Warrensburg, Missouri
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 1 year 1946 hour 9 minute 15 P M.

21. I hereby certify that I attended the deceased from March 4 6 1946 to 4-1-46 1946;

that I last saw h. e alive on 4-1-46 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Chr. Myocarditis ^{Duration ?}

Due to _____

Due to _____

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

Major findings: Of operations Cholera ¹⁰⁻¹⁸

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) fractured rt. hip

(b) Date of occurrence 3-28-46

(c) Where did injury occur? Home - RR. Workers ^{Mo 51}
(City or town) (County) (State)

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

While at work? no (Specify type of place) (e) Means of injury fall steps

23. Signature R. F. McKey ^{mo} (M.D. or other)

Address Warrensburg Mo. Date signed _____

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..... *J. Carl Priest*.....
Licensed Embalmer No..... **3878**.....

P. O. Address..... **Warrensburg 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.