

S. No. 2  
M-3-13  
7-5-17-39  
I X37823

State File No. 16028  
Registrar's No. 16928

Registration District No. 62

Primary Registration District No. 5239

1. PLACE OF DEATH:

(a) County Cedar

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

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

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

In this community All of life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cedar

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

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

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

If yes, name country XXXXXXXX

3. (a) PRINT FULL NAME BERTHA MILDRED WHISTANCE

3. (b) If veteran, name war XXXX

3. (c) Social Security No. XXXXXX

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife J. B. Whistance 6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased January 29, 1883  
(Month) (Day) (Year)

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

63	2	21	X hr. X min.
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9. Birthplace Stockton, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business XXXXXX

12. Name George W. Long

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

14. Maiden name Mary Gideons

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

16. (a) Informant J. B. Whistance  
(b) Address Stockton, Missouri

17. (a) Burial (b) Date thereof 5-22-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wagoner Cemetery

18. (a) Signature of funeral director CHURCH AND NEALE

(b) Address Stockton, Missouri

19. (a) 6-1-46 (b) Geneva Harrison  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 20 year 1946 hour 8 minute PM

21. I hereby certify that I attended the deceased from May 17, 1946, to May 18, 1946; that I last saw her alive on May 18, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of liver

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings:  
Of operations 468  
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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury 0

23. Signature H. H. Robinson (M. D. or other) MD  
Address Humansville, Mo. Date signed 5/23/46

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

14920

54

DEC 14 1949

RECEIVED

District Health Officer No. 7,

District File Number 5-46-543

Date Filed 6-5-46

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 Melvin Church

Licensed Embalmer No. 3272

P. O. Address Stockton 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.