No. 2
-8-43
17-39
X37823

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

FILED MAY 22 1946

State File No. 17094

Registration District No. 11-5 Primary Registration District No. 4253 Registrar's No.

1. PLACE OF DEATH:

(a) County Johnson

(b) City or town Chilhowee, (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

In this community 6 months years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson 51

(c) City or town Chilhowee (If outside city or town limits, write "RURAL") 6

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

(e) Citizen of foreign country? No. (Yes or No) 11

If yes, name country

3. (a) PRINT FULL NAME Loucinda Peery

3. (b) If veteran, name war x

3. (c) Social Security No. x

4. Sex Female /

5. Color or race White

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

6. (b) Name of husband or wife Stephens A.

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

7. Birth date of deceased Oct. (Month) 17, (Day) 1866 (Year)

8. AGE: Years 79 Months 6 Days 28 If less than one day hr. min.

9. Birthplace Albany (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Housewife

11. Industry or business x

FATHER
12. Name Harry Whiteley
13. Birthplace Unknown (City, town, or county) Kentucky / (State or foreign country)

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

16. (a) Informant Mr. Earnest Peery

(b) Address Chilhowee, Missouri

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 5/16/46 (Month) (Day) (Year)

(c) Place: burial or cremation Nelson, Nebraska

18. (a) Signature of funeral director J. W. Cook

(b) Address Chilhowee, Mo.

19. (a) 5/15/46 (Date received local registrar) (b) Mrs Maurice D Hankler (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 14 year 3 hour 10 minute P.M.

21. I hereby certify that I attended the deceased from April - To - May 14 - 1946, 19 ; that I last saw her alive on May - 1 - 46, 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bright Disease	?
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED	
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 0

23. Signature R F McKinney (M.D. or other) MD

Address Vanderbilt Mo Date signed 5-14-46

148

(Licensed Embalmer's Statement on Reverse Side)

MAY 23 1946

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. W. Cook

Licensed Embalmer No. 4335

P. O. Address Chilhowee, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

. No. 2B
M—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. Feby 27 1946

Registration District No. 165 Primary Registration District No. 4253 Registrar's No.

1. PLACE OF DEATH:

(a) County Johnson

(b) City or town Chilhowee
(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
In this community years, months or days)

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 Loucinda Peery

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 Wid

6. (b) Name of husband or wife

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

7. Birth date of deceased Oct (Month) 17 (Day) 1864 (Year)

8. AGE: Years 79 Months 6 Days 22 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
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 Mar day 14 year 1946 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.

	Duration
Immediate cause of death	
Due to Chronic Nephritis	Unk years
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy 1318

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

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

15975

17094