. S. No. 2
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ev. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 6 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

26471

State File No.

Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 291

1. PLACE OF DEATH:

(a) County Callaway

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

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

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway 14

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

(d) Street No. 1½ Mi N.W. New Bloomfield Mo. (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Betty Lou Whittler

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female

5. Color or race Negro

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Jan (Month) 18 (Day) 1932 (Year)

8. AGE: Years 14 Months 7 Days 1 If less than one day hr. min.

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

10. Usual occupation Attending School

11. Industry or business

FATHER
12. Name Mason Whittler
13. Birthplace New Bloomfield (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Mattie Brandon
15. Birthplace Cole County (City, town, or county) Mo (State or foreign country)

16. (a) Informant X Mayelle L. Scott

(b) Address New Bloomfield Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8 (Month) 21 (Day) 46 (Year)

(c) Place: burial or cremation Oak Chapel Cem't

18. (a) Signature of funeral director Ray A. Holt

(b) Address New Bloomfield Mo

19. (a) 8-21-1946 (Date received local registrar) (b) Josie Morris Shaff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 19 year 1946 hour 11 minute 30 AM.

21. I hereby certify that I attended the deceased from May 1 1946, to Aug 19 1946 that I last saw her alive on Aug 18 1946 and that death occurred on the date and hour stated above.

Immediate cause of death: Nephritis Chronic — Duration 3 M

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

131

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

Signature E. Wood Rush (M. D. or other)

Address New Bloomfield Date signed Aug 20 46

38 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 9,
District File Number 9-46-48
Date Filed 9-4-46

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 LeRoy Claypool

Licensed Embalmer No. 4412

P. O. Address New Bloomfield 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.