

FILED SEP 14 1946

Registration District No. 73

Primary Registration District No. 4138

Registrar's No. 72

1. PLACE OF DEATH:

(a) County CLINTON
(b) City or town LATHROP
(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 2 Mo. (Specify whether years, months or days)

3. (a) PRINT FULL NAME SALLY CORDELIA WHITAKER

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married divorced WIDOW
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years
7. Birth date of deceased APRIL 15 1868 (Month) (Day) (Year)

8. AGE: Years 78 Months 4 Days 7 If less than one day hr. min.

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

10. Usual occupation HOUSEWIFE

11. Industry or business HOME

12. Name WILLIAM MOORE

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

14. Maiden name ANANDA DAFERN

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

16. (a) Informant GRACE MAR TIN (b) Address CAMERON MO.

17. (a) BURIAL (b) Date thereof 8 22 1946 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wamsley Cemetery

18. (a) Signature of funeral director DEMOS CRUNK (b) Address CAMERON MO.

19. (a) Aug 25 1946 (b) Mrs. Willie James (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County Clinton 25
(c) City or town CAMERON (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH Month Aug day 22 year 1946 hour 11:50 minute P.M.

21. I hereby certify that I attended the deceased from Aug 21 to Aug 22, 1946 that I last saw her alive on Aug 22, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Atherosclerosis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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) (Means of injury)

23. Signature J. Longfield (M. D. or other)

Address Fairview, Mo Date signed 8/24/46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 *Geo. W. Mess* *Clark*
Licensed Embalmer No. *2533*
P. O. Address *Cameron, 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.