S. No. 2
M—5-43
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 13 1947

Registration District No. 157

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 5194

Primary Registration District No. 308

Registrar's No. 46

1. PLACE OF DEATH:

(a) County: Jasper

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

(c) Name of hospital or institution: 119 N. McGregor St.,
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)
In this community: 25 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jasper

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

(d) Street No.: 119 N. McGregor St.,
(If rural, give location)

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

If yes, name country: ____

3. (a) PRINT FULL NAME: Manda Jane WHITCHURCH

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: Widowed

6. (b) Name of husband or wife: ____

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

7. Birth date of deceased: October (Month) 25, (Day) 1864 (Year)

8. AGE: Years 82 | Months 4 | Days 8 | If less than one day ____ hr. ____ min.

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

10. Usual occupation: Housewife

11. Industry or business: ____

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

MOTHER
14. Maiden name: Mary R.
15. Birthplace: Unknown (City, town, or county) (State or foreign country)

16. (a) Informant: Mr. Bert G. Whitchurch
(b) Address: Diamond, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 5 47 (Month) (Day) (Year)
(c) Place: burial or cremation: Diamond Cemetery

18. (a) Signature of funeral director: Ed. C. Ulmer
(b) Address: Carthage, Mo.

19. (a) 3-14-47 (Date received local registrar) (b) L. B. Clinton (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 2nd. year 1947 hour 2:15 minute P. M.

21. I hereby certify that I attended the deceased from Oct 31, 1946, to Mar 2, 1947 that I last saw her alive on Mar 1, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocarditis Chronic unqualified.	10 yrs
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death): Arthritis Deformans. Severe	
Major findings: Of operations: None	
Of autopsy: None	

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: George H. Wood (M. D. or other)
Address: Carthage Mo Date signed: Mar 4 '47

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(Licensed Embalmer's Statement on Reverse Side)

47-3-169

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 Gene. C. Pugh.

Licensed Embalmer No. 4231

P. O. Address Carthage, 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.