

FILED SEP 25 1947

Registration District No. J 20

Primary Registration District No. K 112-13

Registrar's No.

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

1. PLACE OF DEATH:

(a) County Scott

(b) City or town Jillmo
(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 years, months or days) 23 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Scott

(c) City or town Jillmo 100
(If outside city or town limits, write "RURAL")

(d) Street No. 3
(If rural, give location) 0

(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country: _____

3. (a) PRINT FULL NAME Mary Elizabeth Foulk Whitehead

3. (b) If veteran, name war: ✓

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 21
year 1947 hour 2 minute 15 P.M.

21. I hereby certify that I attended the deceased from Sept 4
1947 to Sept. 21 1947
that I last saw her alive on Sept. 21 1947
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife William Whitehead 6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased: August 8 1882
(Month) (Day) (Year)

Immediate cause of death: Cardiac failure

Due to: Chronic Myocarditis 10 yrs.

Due to: Pulmonary tuberculosis 20 yrs.

Other conditions: _____
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day
65 1 13 hr. _____ min.

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

10. Usual occupation House Keeper

Major findings: Of operations: _____
Of autopsy: 12/3

PHYSICIAN: _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business: _____

12. Name Joseph B Henson

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

14. Maiden name Josephine

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

16. (a) Informant Leroy Foulk

(b) Address Jillmo Mo

17. (a) BURIAL (b) Date thereof 9-24-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Evansford Heights, West Frankford Ill

18. (a) Signature of funeral director: Bisplinghoff Funeral Home

(b) Address Jillmo, Mo

19. (a) 9-22-1947 (b) W. J. Wilson
(Date received local registrar) (Registrar's signature)

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) _____ (c) Means of injury: 2

While at work? _____

23. Signature Benton Wilson (M. D. or other) D.O.
Address Stimpert, Mo. Date signed Sept 23 1947

RECEIVED

District Health Office No. 2,

District File Number 947-126

Date Filed 9-23-47

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.....

Oliver C. Amick....., Registered Apprentice No. 455
working under my personal supervision.

Signed Mamie Bursinghoff.....

Licensed Embalmer No. 3242.....

P. O. Address Chaffee 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.