S. No. 2
I—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAR 25 1948
Registration District No. 157

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4248

State File No. 9166
Registrar's No. 57

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Sarcoxie
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 38 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Jasper 49
(c) City or town ~~Rural~~ Sarcoxie 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Julia C. Whaley
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 Widow
6. (b) Name of husband or wife Hugh C. Whaley
6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased March (Month) 28, 1875 (Day) (Year)

8. AGE: Years 72 ~~72~~ | Months | Days | If less than one day ..... hr. ..... min.

9. Birthplace unknown (City, town, or county) 9 (State or foreign country)
10. Usual occupation housewife
11. Industry or business
FATHER
12. Name unknown 9
13. Birthplace " (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name " 9
15. Birthplace " (City, town, or county) (State or foreign country)
16. (a) Informant Ed Whaley
(b) Address Sarcoxie
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-29-48 (Month) (Day) (Year)
(c) Place: burial or cremation Sarcoxie Cemetery
18. (a) Signature of funeral director Jackson + Sons
(b) Address
19. (a) 3-8-1948 (Date received local registrar) (b) L. B. Clinton, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 27
year 48 hour 2 minute 30-a M.
21. I hereby certify that I attended the deceased from 2-3, 1948 to 2-27- 1948
that I last saw her alive on 2-21 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death cardio nephritic	2 years
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

131A

PHYSICIAN
Underline the cause of 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 W B York (M. D. ~~or other~~)
Address Sarcoxie Mo Date signed 2-27-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

48-2-124

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 me

..... Registered Apprentice No.....

working under my personal supervision.

Signed Wm K Jackson

Licensed Embalmer No. 3954

P. O. Address Sarcoxie 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.