

No. 2  
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED MAY 7 1948

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **11368**  
Registrar's No. **128**

Registration District No. \_\_\_\_\_ Primary Registration District No. **3000**

1. PLACE OF DEATH:  
(a) County **Adair**  
(b) City or town **Kirkville**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**509 East Ill. St.**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME **Fannie Whitfield**  
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 **Widowed**  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **Sept. 20 1863**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>84</b>	<b>7</b>	<b>1</b>	hr. _____ min.

9. Birthplace **Kirkville Mo.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business \_\_\_\_\_

MOTHER, FATHER {  
12. Name **John H. White**  
13. Birthplace **Mo.**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Mary Summers**  
15. Birthplace **Mo.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Johnnie Whitfield**

(b) Address **Kirkville, Missouri**

17. (a) **Burial** (b) Date thereof **4/23/48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Antioch, Macon, Co.**

18. (a) Signature of funeral director **Albert Kinner**

(b) Address **Macon, Mo.**

19. (a) **4-23-48** (b) **Kate Lambert**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Mo.** (b) County **Adair**  
(c) City or town **Kirkville**  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **April** day **21**  
year **1948** hour **6** minute **30** p.m.

21. I hereby certify that I attended the deceased from **April 19 1948** to **April 21 1948**  
that I last saw her alive on **April 20 1948**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral hemorrhage**  
Due to **arteriosclerosis**

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy **83A**

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 **Spencer L. Freeman** D. or other **M.D.**  
Address **Kirkville, Mo.** Date signed **4/23/48**

Duration **four days**  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

REC'D  
MAY 7 1948

MAY 7 1948

RECEIVED  
District Health Officer No. 1  
District File Number 548-799  
Date Filed MAY -5 1948

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.....

*Thos. L. Beath*

....., Registered Apprentice No. *37*

working under my personal supervision.

Signed *Albert Skinner*

Licensed Embalmer No. *737*

P. O. Address *Macon Ga.*

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.