No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 6 1948

Registration District No. 42

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 33378

Primary Registration District No. 42 56

Registrar's No. 37

1. PLACE OF DEATH:

(a) County: Johnson

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

(c) Name of hospital or institution: 60 Pine St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... In this community: 60 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No.: 60 Pine St.
(If rural, give location)

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

If yes, name country: ✓

3. (a) PRINT FULL NAME: ANN ELEBETHA McWHIRT

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: M

6. (b) Name of husband or wife: Walter McWhirt

6. (c) Age of husband or wife if alive: 65 years

7. Birth date of deceased: January (Month) 15 (Day) 1875 (Year)

8. AGE: Years 73 | Months 10 | Days 7 | If less than one day ..... hr. ..... min.

9. Birthplace: Centerview (City, town, or county), Missouri (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business: At Home

MOTHER FATHER

12. Name: Carol A. Haynes

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

14. Maiden name: Martha C. Bradley

15. Birthplace: No Carolina (City, town, or county) (State or foreign country)

16. (a) Informant: Walter McWhirt

(b) Address: Holden Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-24-48 (Month) (Day) (Year)

(c) Place: burial or cremation: Holden Mo

18. (a) Signature of funeral director: Langdon Mapp

(b) Address: Holden Mo

19. (a) 10-25-48 (Date received local registrar) (b) Mrs. A. V. Redford (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 22 year 1948 hour 5 minute 0 M.

21. I hereby certify that I attended the deceased from June 1, 1946, to Oct 22, 1948, that I last saw him alive on Oct 22, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Myocarditis	
Due to:	
Due to:	
Other conditions: Bronchiectasis (Include pregnancy within 3 months of death)	

Major findings:
Of operations: ✓
Of autopsy: ✓

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:

23. Signature: Kelly Rawlins (M. D. ~~coroner~~)

Address: Holden Mo Date signed 10/24/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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. 279, working under my personal supervision.

Signed M L Canaday

Licensed Embalmer No. 3434

P. O. Address Holden, 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.