S. No. 2
M—5-43
5-17-39
I X38671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 22 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 27782

Registration District No. 383 Primary Registration District No. 5655 Registrar's No. 95

1. **PLACE OF DEATH:**
(a) County Lawrence
(b) City or town Mount Vernon Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri State Sanatorium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11 days (Specify whether
In this community 11 days years, months or days)

2. **USUAL RESIDENCE OF DECEASED:** 94
(a) State Missouri (b) County St. Francois
(c) City or town Bonne Terre 2
(If outside city or town limits, write "RURAL")
(d) Street No. 405 N. Division 1
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME Dorothy Mae Whittier
3. (b) If veteran, name war No
3. (c) Social Security No. unknown

4. Sex Female | 5. Color or race White | 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased December 24 1927 (Month) (Day) (Year)

8. AGE: Years 17 | Months 7 | Days 7 | If less than one day hr. min.

9. Birthplace Bismark (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Student
11. Industry or business

FATHER
12. Name Lee Whittier
13. Birthplace Bonne Terre (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Shirley Mercer
15. Birthplace St. Francois (City, town, or county) Missouri (State or foreign country)

16. (a) Informant E. McMichael, Record Clerk
(b) Address Mo. State Farm, Mount Vernon, Mo
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Aug 1 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Flat River, Mo.
18. (a) Signature of funeral director Everett Sparks
(b) Address Flat River, Mo.
19. (a) Aug 2-45 (Date received local registrar) (b) Andy Crawford (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month July day 31
year 1945 hour 10 minute 05 P.M.
21. I hereby certify that I attended the deceased from July 21, 1945 to July 31 1945
that I last saw her alive on July 31 1945
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pulmonary Tuberculosis	over 9 mo.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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 J. F. Feezel (M. D. or other) M.D.
Address Mt. Vernon, Mo Date signed 7/31/45

1238 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 845-908
Date Filed AUG 20 1945

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 Mat L Fossett

Licensed Embalmer No. 4252

P. O. Address Mt Vernon 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.