

FILED JAN 31 1951

State File No. _____

Registration District No. 299

Primary Registration District No. 4563

Registrar's No. 1

1. PLACE OF DEATH
(a) County Reynolds
(b) City or town Bunker
(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 33 yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County Reynolds
(c) City or town Bunker
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME Georgianna Strange
(b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan day 20 1951
year 1951 hour 8 minute 50 P. M.
21. I hereby certify that I attended the deceased from Jan 1, 1951, to Jan 20, 1951, that I last saw her alive on Jan 15, 1951, and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced, Widowed
6. (b) Name of husband or wife X 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Sept. 16 1867
(Month) (Day) (Year)

Immediate cause of death Apoplexy
Due to _____
Due to _____

8. AGE: Years 83 Months 4 Days 4 If less than one day _____ hr. _____ min.

Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations _____
Of autopsy _____

9. Birthplace Terret Haute Ind.
(City, town, or county) (State or foreign country)
10. Usual occupation Gov.

MOTHER FATHER
11. Industry or business _____
12. Name Edward Whelan
13. Birthplace Indiana
(City, town, or county) (State or foreign country)
14. Maiden name Georgiana Whelan
15. Birthplace Indiana
(City, town, or county) (State or foreign country)

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

16. (a) Informant Harry Ray
(b) Address 1st Fair MO
17. (a) Burial (b) Date thereof 1-21-51
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Bunker

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? _____

18. (a) Signature of funeral director Frank Parker
(b) Address Bunker MO
19. (a) 1-25-51 (b) Bill Rippeck
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) (e) Means of injury A
23. Signature C. M. Fitzpatrick (M. D. or other) _____
Address Westville Date signed 1/21/51

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

RECEIVED

JAN 27 1951

DISTRICT HEALTH OFFICE No.

File No.....

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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.