

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

44978
Do not use this space.

1. PLACE OF DEATH *Webster* 2 Registration District No. *899*
 (a) County *Jackson* 1 Primary Registration District No. *6205*
 (b) Township
 or
 (c) City (d) Street No. _____ St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME *Fred R. Whitson*
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *M* 4. COLOR OR RACE *wh* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *married*
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Ida J. Whitson*
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Nov. 20. 1875*
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
63 10 26

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. *Lawyer*
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) _____
 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Indy 1*

FATHER
 13. NAME *Fred R. Whitson 2*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *W. Va 3*

MOTHER
 15. MAIDEN NAME *Sarah J. Hart 4*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *W. Va 5*

17. INFORMANT (ADDRESS) *John Wilson Elkland mo*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Mount View* DATE *Oct. 18 39*

19. FUNERAL DIRECTOR (NAME) (ADDRESS) *W. M. Bailey & Son*

20. FILED *Sept 20 19 39* *E. M. Bailey* Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Oct. 16. 1939*

22. I HEREBY CERTIFY, That I attended deceased from *Sept 10* 19*39*, to *Sept 16* 19*39*
 I last saw him alive on *Sept 10* 19____. Death is said to have occurred on the date stated above, at *7:30* m.

The principal cause of death and related causes of importance were as follows:

Cancer of Liver

Date of onset

46

Other contributory causes of importance:

Name of operation *Do not know The date*

What test confirmed diagnosis *Biopsy* Was there an autopsy *no*

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify _____
 (Signed) *E. M. Bailey* M. D.
 (Address) *Elkland mo*

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 6,

District File Number 140-238

Date Filed JAN 12 1940

APR 18 1940

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 comply with the above constitutes grounds for revocation of license.)

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