

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

Rev. 5-17-39 I 131511

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 11441

Registration District No. 431

Primary Registration District No. 3023

Registrar's No. 40

1. PLACE OF DEATH:

(a) County Johnson
(b) City or town Warrensburg, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location) 2
(d) Length of stay: In hospital or institution 52 yrs. (Specify whether years, months or days)

8. (c) PRINT FULL NAME

William Harry Whiteman

8. (b) If veteran, name war

8. (c) Social Security No.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Lillie May Whiteman

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

7. Birth date of deceased Aug-23-1869
(Month) (Day) (Year)

8. AGE: Years 70 Months 6 Days 26 If less than one day hr. min.

9. Birthplace Clinton (City, town, or county) Ill. (State or foreign country)

10. Usual occupation Construction Foreman

11. Industry or business

12. Name James Whiteman

13. Birthplace West Kent, England
(City, town, or county) (State or foreign country)

14. Maiden name Mary Harris

15. Birthplace Unknown Pa.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature J. B. Whiteman

(b) Address Warrensburg, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 20 1940
(Month) (Day) (Year)

(c) Place: burial or cremation Sunset Hill

18. (a) Signature of funeral director Sweeney-Phillip

(b) Address Warrensburg, Mo.

19. (a) Mar 20-1940 (Date received local registrar) (b) E. B. Bentley (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson
(c) City or town Warrensburg
(If outside city or town limits, write "RURAL")
(d) Street No. 709 E. Carlton
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 19 year 1940 hour 4 minute P. M.

21. I hereby certify that I attended the deceased from March 16th 1940, to March 19th 1940;
that I last saw him alive on March 19th 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death: Brain hemorrhage Duration 8 days

Due to Septic Sclerosis

Due to § 7th

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?

While at work? (Specify type of place) (e) Means of injury

23. Signature J. B. Hoo (M. D. or other) MD

Address Warrensburg Mo Date signed 3/20/40

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 4-4-40

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.....

Earl Priest....., Registered Apprentice No.....
working under my personal supervision.

Signed Earl Priest.....

Licensed Embalmer No. 3878.....

P. O. Address Warrensburg 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, above space should be left blank.