S. No. 2
—11-10-39
v. 5-17-39
I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25279

AUG 16 1940

Registration District No. 347 Primary Registration District No. 3018 Registrar's No.

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

1. PLACE OF DEATH:

(a) County Henry
(b) City or town Clinton Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Community Clinic
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 hours (Specify whether
In this community all life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Henry
(c) City or town Clinton Mo
(If outside city or town limits write "RURAL")
(d) Street No. 714 East Franklin
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME EDGAR LEE WHITCHURCH
3. (b) If veteran, name war 487-12-3325 3. (c) Social Security No. No

4. Sex Male 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 Mar (Month) 16 (Day) 1913 (Year)

8. AGE: Years 27 Months 4 Days 5 If less than one day ..... hr. ..... min.

9. Birthplace Henry Co (City, town, or county) Mo (State or foreign country)
10. Usual occupation Carpenter
11. Industry or business .....
FATHER 12. Name WALTER E WHITCHURCH
13. Birthplace ..... (City, town, or county) Ill (State or foreign country)
MOTHER 14. Maiden name ALICE FOWLER
15. Birthplace Henry Co (City, town, or county) Mo (State or foreign country)
16. (a) Informant WALTER E WHITCHURCH
(b) Address Clinton Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-23-40 (Month) (Day) (Year)
(c) Place: burial or cremation Englewood Cem
18. (a) Signature of funeral director Consalus T Peck
(b) Address Clinton Mo
19. (a) 7-27-40 (Date received local registrar) (b) Dr. J. R. Hampton (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 21 year 1940 hour 11:30 minute ..... M.
21. I hereby certify that I attended the deceased from August 21, 1939 to 21 1940
that I last saw him alive on July 21 1940
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Acute Dilatation of Heart	—
Due to Acute Asthma	3-7-40
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? 312 (Specify type of place)
While at work? ..... (e) Means of injury .....

23. Signature Eugene D Neville (M. D. or other) MD
Address Clinton Mo Date signed 7-27-40

(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.....,

working under my personal supervision.

Signed J. E. Consalus

Licensed Embalmer No. 1891

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.