

No. 2  
13-40  
7-39  
X2315D

**FILED** OCT 23 1940

Registration District No. 668

Primary Registration District No. 3032

State File No. \_\_\_\_\_

Registrar's No. 299

1. PLACE OF DEATH:

(a) County Pettis

(b) City or town Sealalia  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution Spowell Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1  
(Specify whether)

In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pettis

(c) City or town Sealalia  
(If outside city or town limits, write "RURAL")

(d) Street No. Hospital  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Charles W. Whitson

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. 499-10-8037

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 19  
year 1940 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Ida Whitson

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

7. Birth date of deceased: Sept 13, 1870  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Aug. 14, 1940, to Aug 19, 1940;  
that I last saw him alive on Aug 19, 1940  
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>69</u>	<u>11</u>	<u>6</u>	hr. _____ min. _____

Immediate cause of death Apoplexy

9. Birthplace Kansas City Mo  
(City, town, or county) (State or foreign country)

Due to arterio-sclerosis

10. Usual occupation Coach Carpenter

11. Industry or business Rail Road Co

Due to \_\_\_\_\_

Other conditions none  
(Include pregnancy within 3 months of death)

MOTHER FATHER

12. Name William Walter Whitson

13. Birthplace Nashville Tenn  
(City, town, or county) (State or foreign country)

14. Maiden name Ellen Anderson

15. Birthplace Kansas City Mo  
(City, town, or county) (State or foreign country)

Major findings: none

Of operations \_\_\_\_\_

Of autopsy none

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

16. (a) Informant Joseph Whitson

(b) Address L.A. California

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) none

(b) Date of occurrence \_\_\_\_\_

17. (a) Calvary (b) Date thereof Aug 21, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

(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? none

18. (a) Signature of funeral director Mr. Franklin Blair

(b) Address Sealalia Mo

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

19. (a) Aug 21, 1940 (b) Mrs. H. Freed  
(Data received local registrar) (Registrar's signature)

23. Signature Chas. M. ... (M. D. or \_\_\_\_\_)  
Address Sealalia Mo Date signed 8/21/1940

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

**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..... *Robert H. Reed*.....

Licensed Embalmer No..... *3745*.....

P. O. Address..... *Seaside 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.**