

Registration District No. 626

Primary Registration District No. 5828

Registrar's No.

1. PLACE OF DEATH:

(a) County Nodaway
(b) City or town Patton, Rutledge
(c) Name of hospital or institution: 7 mi N.E. Parnell
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 1 month
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Nodaway
(c) City or town Maryville
(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 James Cyrus Whitehead

(b) If veteran, name war _____ (c) Social Security No. no

4. Sex m 5. Color or race W
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Sarah Elizabeth
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased apr. 12 1853
(Month) (Day) (Year)

8. AGE: Years 87 Months 7 Days 2
If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name Cyrus Whitehead
13. Birthplace Conn. Salisbury
(City, town, or county) (State or foreign country)
14. Maiden name unk
15. Birthplace Conn
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ed Hilton
(b) Address Parnell Mo

17. (a) Burial (b) Date thereof Nov. 16, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Miriam at Maryville Mo

18. (a) Signature of funeral director John W. Price

(b) Address Maryville Mo.

19. (a) 11-30-1940 (b) Wallace Kennedy
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 14
year 1940 hour 11 minute 2 M.

21. I hereby certify that I attended the deceased from Oct 15
1940 to Nov 14, 1940
that I last saw him alive on Oct 24, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Valvular Heart Trouble

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

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? _____

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

23. Signature Robert Crowson (M. D. or other) _____
Address Parnell Mo Date signed Nov 14 1940

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

MOTHER FATHER

DEC 1 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

John Price

Licensed Embalmer No. *3229*

P. O. Address *Maryville Mo.*

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

If this body is not embalmed, fact should be so stated above.