

FILED MAY 26 1941

STANDARD CERTIFICATE OF DEATH

15494

State File No.

Registrar's No. 73

Registration District No. 677

Primary Registration District No. 4403

1. PLACE OF DEATH:

(a) County Phelps
(b) City or town Rolla
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Rolla Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Phelps
(c) City or town Rolla
(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 D. Whiteside

3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widower

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

7. Birth date of deceased March 31 1867
(Month) (Day) (Year)

8. AGE: Years 74
Months 2
Days 1
If less than one day hr. min.

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

10. Usual occupation Retired Farmer

11. Industry or business Farming

12. Name David Whiteside

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

14. Maiden name Sarah Cotton

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

16. (a) Informant Mrs. Robert Whiteside

(b) Address Sullivan, Missouri.

17. (a) Burial (b) Date thereof April 22, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Sullivan, Missouri

18. (a) Signature of funeral director Wm. H. Chaffey

(b) Address Sullivan, Missouri

19. (a) April 23, 1941 (b) Jos. F. Myers
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 21
year hour 2 minute 05 A. M.

21. I hereby certify that I attended the deceased from April 11th 1941 to April 20th 1941
that I last saw him alive on April 20th 1941 and that death occurred on the date and hour stated above.

Immediate cause of death: Second & third degree burns of lower extremities

Due to: buttocks
Due to: accident

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

Major findings: Of operations: none

Of autopsy: none

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

(a) Accident, suicide, or homicide (specify) accident

(b) Date of occurrence Mar 27 - 1941

(c) Where did injury occur? Sullivan Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Farm

While at work? yes (Specify type of place) (e) Means of injury: Gas fire

23. Signature R. B. Jones (M. D. or other) Address Newburg Mo Date signed 4/24/41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 5,

District File Number 5411681

Date Filed

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

Phos. P. Chaffer

Licensed Embalmer No. 7692

P. O. Address Fuller - 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.