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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 12 1941

Registration District No. 26

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3002

State File No. 24385

Registrar's No. 132

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

1. PLACE OF DEATH:
(a) County Audrain
(b) City or town Mexico Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 321 W Promenade
(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 35 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 004
(a) State Missouri (b) County Audrain 1 2
(c) City or town Mexico Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 321 W. Promenade
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME THOMAS HARRY WHITNEY
3. (b) If veteran, name war ✓
3. (c) Social Security No. None
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Lizzie Northcutt Whitney
6. (c) Age of husband or wife if alive years
7. Birth date of deceased October (Month) 10 (Day) 1858 (Year)

8. AGE: Years 8 Months 9 Days 24 If less than one day hr. min.

9. Birthplace Louisiana (City, town, or county) Mo. D (State or foreign country)
10. Usual occupation Retired
11. Industry or business
FATHER
12. Name Thomas Whitney
13. Birthplace (City, town, or county) England (State or foreign country)
MOTHER
14. Maiden name D. N.
15. Birthplace D. N. (City, town, or county) 9 (State or foreign country)
16. (a) Informant Mrs. C. F. Robbins
(b) Address Mexico Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 5 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Mexico Mo.
18. (a) Signature of funeral director McPherson Bros.
(b) Address Mexico Mo.
19. (a) August 5 1941 (Date received local registrar) (b) Blanche Keely (Registrar's signature)

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 4 year 1941 hour 8 minute 30 M.

21. I hereby certify that I attended the deceased from Jan 1, 1941, to Aug 4, 1941; that I last saw him alive on Aug 3rd, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocarditis chr coronary thrombosis	
Due to Arteriosclerosis Diabetes mellitus	
Due to Senility	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 61	
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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature R S Williams (M. D. or other) M-D
Address Mexico Mo. Date signed 8/5/41

(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 Roy A. McPheeters

Licensed Embalmer No. 1133

P. O. Address Mexico Mo

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

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