

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 34680

FILED OCT 27 1941  
Registration District No. 204

Primary Registration District No. 30-13

Registrar's No. 30

1. PLACE OF DEATH  
 (a) County Clinton  
 (b) City or town Cameron, Mo.  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
620 E. 3rd. St.  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
 In this community 7 yrs.  
 years, months or days

2. USUAL RESIDENCE OF DECEASED:  
Missouri  
 (a) State \_\_\_\_\_ (b) County Clinton  
 (c) City or town Cameron  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 620 E. 3rd. St.  
 (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Albert Oscar Whitehead.  
 (b) If veteran, name war X  
 (c) Social Security No. X

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Sept. day 9  
 year 1941 hour 11.00P. minute \_\_\_\_\_ M.

4. Sex Male  
 5. Color or race White  
 6. (a) Single, widowed, married, divorced Married  
 (b) Name of husband or wife Susan Whitehead  
 (c) Age of husband or wife if alive 61 years  
 7. Birth date of deceased: March 16 1870  
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Feb 18 1933 to Sept 9 1941; that I last saw him alive on Sept 9 1941; and that death occurred on the date and hour stated above.

8. AGE: Years 71 Months 5 Days 23  
 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death: Paralysis agitans  
 Duration 10 yrs.

9. Birthplace Clarence Mo.  
 (City, town, or county) (State or foreign country)  
 10. Usual occupation Farmer

Due to \_\_\_\_\_  
 Due to gmc  
 Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

11. Industry or business \_\_\_\_\_  
 12. Name Henry F. Whitehead  
 13. Birthplace L11.  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Mary McFarland  
 15. Birthplace L11.  
 (City, town, or county) (State or foreign country)

Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Susie Whitehead  
 (b) Address Cameron  
 17. (a) Burial (b) Date thereof 9-11-41  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Poland Funeral Home  
 18. (a) Signature of funeral director \_\_\_\_\_  
 (b) Address Cameron  
 19. (a) Sept 11 1941 (b) W. H. Riley  
 (Date received local registrar) (Registrar's signature)

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?  
 While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury 2  
 23. Signature W. H. Compton (M. D. or other) W. H. Compton  
 Address Cameron, Mo. Date signed 9/10/41

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

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**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

*Gerald F Wade*

Licensed Embalmer No. *4172*

P. O. Address *Cameron 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.**