

Registration District No. 305 Primary Registration District No. 4184

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

1. PLACE OF DEATH: GASCONADE
 (a) County GASCONADE
 (b) City or town OWENSVILLE Ill
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: OWENSVILLE
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 6 DAYS
 (Specify whether years, months or days)

3. (a) PRINT FULL NAME GARRY DALE WILLHITE
 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 SINGLE
 6. (b) Name of husband or wife NONE
 6. (c) Age of husband or wife if alive NONE years

7. Birth date of deceased DEC. 26 1941
 (Month) (Day) (Year)

8. AGE: Years 0 Months 0 Days 6
 If less than one day hr. min.

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

10. Usual occupation NONE

11. Industry or business NONE
 12. Name OTTO S. WILLHITE
 13. Birthplace TEA MISSOURI
 (City, town, or county) (State or foreign country)
 14. Maiden name DICIE BERNIE JONES
 15. Birthplace META MISSOURI
 (City, town, or county) (State or foreign country)

16. (a) Informant OTTO S. WILLHITE
 (b) Address OWENSVILLE

17. (a) BURIAL (b) Date thereof 1-3-1942
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation OWENSVILLE CITY CEM.

18. (a) Signature of funeral director W. F. Matenstutz
 (b) Address Owensville, Mo.

19. (a) Jan 2 1942 (b) Alise Bach
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State MISSOURI (b) County GASCONADE
 (c) City or town OWENSVILLE 37
 (If outside city or town limits, write "RURAL")
 (d) Street No. 220
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 2
 year 1942 hour 5 minute 30 A.M.

21. I hereby certify that I attended the deceased from Jan 1
 _____, 1942, to Jan 2, 1942.
 that I last saw him alive on Jan 1, 1942,
 and that death occurred on the date and hour stated above.

Immediate cause of death Aspiration following acute attack of vomiting 2 min.
 Due to Hypertrophic Pyloric Stenosis. Duration 4 dys.

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 15 mg²
 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 Paula A. Brenner (M. D. or other) MD
 Address Owensville, Mo. Date signed 1-2-42

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 me
....., Registered Apprentice No.
working under my personal supervision.

Signed Melford H. H. Winters
Licensed Embalmer No. 3838
P. O. Address Quensville, 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.