V. S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 12 1942

Registration District No. 451

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 2633

Primary Registration District No. 3023

Registrar's No. 6

1. PLACE OF DEATH:

(a) County Johnson

(b) City or town Warrensburg - City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 412 Broad. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 46 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson 51

(c) City or town Warrensburg - 2
(If outside city or town limits, write "RURAL")

(d) Street No. 412 Broad St.
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Elmer Berrymon Whitefield

3. (b) If veteran, name war none

3. (c) Social Security No. .....

4. Sex Male

5. Color or Race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Bertha Whitefield

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased Oct - 16 - 1879
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
62	2	20	..... hr. ..... min.

9. Birthplace Rich Hill (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Merchant

11. Industry or business .....

FATHER
12. Name Jas. Berrymon Whitefield
13. Birthplace Unknown (City, town, or county) Tenn. 1 (State or foreign country)

MOTHER
14. Maiden name Emily Greer
15. Birthplace Johnson Co. (City, town, or county) Mo 0 (State or foreign country)

16. (a) Informant Mrs Bertha Whitefield
(b) Address Warrensburg. Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan - 9 - 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Hill

18. (a) Signature of funeral director Sweeney - Phillips
(b) Address Warrensburg Mo.

19. (a) Jan 9 - 1942 (Date received local registrar) (b) Leola M. Williams (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan - day 6
year 1942 hour 2:30 minute P.M.

21. I hereby certify that I attended the deceased from Jan 6-42
Jan 6 1942 to Jan 6 1942
that I last saw h. ~~m~~ alive on Jan 6 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion Short

Due to Not Known

Due to .....

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

94a

Major findings:
Of operations .....

Of autopsy none

Duration

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 0

23. Signature Wm P Patterson (M. D. or other) .....

Address Warrensburg Mo Date signed 1-7-42

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No.
File Number
2-11-42

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 Earl Priest, Registered Apprentice No. ....., working under my personal supervision.

Signed Earl Priest

Licensed Embalmer No. 3878

P. O. Address Warrensburg 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.