

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

04  
2  
1

1. PLACE OF DEATH:

(a) County AUDRAIN

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

(c) Name of hospital or institution:  
313 WEST OLIVE  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days) 1 YEAR 3 MONTHS

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County AUDRAIN 004

(c) City or town VANDALIA  
(If outside city or town limits, write "RURAL")

(d) Street No. 313 WEST OLIVE  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME WILLIAM SISSON WILHOIT

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. NONE

4. Sex MALE

5. Color or race BLACK

6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife CORNELIA WILHOIT

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

7. Birth date of deceased APRIL 22 1861  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>80</u>	<u>10</u>	<u>8</u>	hr. _____ min. _____

9. Birthplace PIKE COUNTY MISSOURIO  
(City, town, or county) (State or foreign country)

10. Usual occupation TEACHER - RETIRED 9 YEARS

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name ELLIOT WILHOIT

13. Birthplace DO NOT KNOW 9  
(City, town, or county) (State or foreign country)

14. Maiden name NETTIE HOUSE

15. Birthplace DO NOT KNOW 9  
(City, town, or county) (State or foreign country)

16. (a) Informant WILLIAM H. WILHOIT

(b) Address VANDALIA MISSOURI

17. (a) BURIAL (b) Date thereof MAR 5 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ASHLEY

18. (a) Signature of funeral director W.S. Water

(b) Address Vandalia, Missouri

19. (a) March 4 1942 Mallis Fugua  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 3rd  
year 1942 hour one minute 0 A.M.

21. I hereby certify that I attended the deceased from February 23rd 1942 to March 3 1942  
that I last saw him alive on March 2 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia, 2

Duration 2 days

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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

Major findings:  
Of operations \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Signature W.S. Water (M. D. or \_\_\_\_\_)  
Address Vandalia, Mo Date signed 3/3/42

1013

RECEIVED

District Health Officer No. 10

District File Number 10-42-674

Date Filed APR - 7 1942

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

Wm B Waters

Licensed Embalmer No.

4/69

P. O. Address

Vandalia, 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.