

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUN 4 1942

Registration District No. 121

Primary Registration District No. 3023

Registrar's No. 65

1. PLACE OF DEATH:

(a) County Warrensburg

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

(c) Name of hospital or institution:
216 N. South 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 2 months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone

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

(d) Street No. 108 Mc Lane St
(If rural, give location)

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

3. (a) PRINT FULL NAME Margaret Wilson Whiteley

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 27
year 1942 hour 6:20 minute P M.

21. I hereby certify that I attended the deceased from April 42
1942 to May 28 1942
that I last saw him alive on May 24 1942
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Ferry Whiteley 6. (c) Age of husband or wife if deceased
alive years

7. Birth date of deceased July 4 1850
(Month) (Day) (Year)

Immediate cause of death Chronic myocarditis

Due to Senility

Due to _____

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

Major findings: Of operations none

Of autopsy none

8. AGE: Years 91 Months 10 Days 23 If less than one day hr. _____ min. _____

9. Birthplace Trimble Co. Ky-1
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name John Wilson Coleman

13. Birthplace Trimble Co. Ky
(City, town, or county) (State or foreign country)

14. Maiden name Elna Catherine Tompkins

15. Birthplace Trimble Co. Ky-1
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. B. J. Dimple

(b) Address Columbia, Mo.

17. (a) Burial (b) Date thereof May 29 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c), Place: burial or cremation Sunset Hill

18. (a) Signature of funeral director Sweeney-Phillips

(b) Address Warrensburg Mo.

19. (a) May 28 42 (b) Lola M. Williams
(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? _____

(Specify type of place)

While at work? _____ (a) Means of injury _____

23. Signature J. R. Williams (M. D. or other) _____
Address Warrensburg Mo Date signed 5-28-42

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

31
2
2

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 6-3-42

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

Carl Priest

Registered Apprentice No.

working under my personal supervision.

Signed

Carl 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.