

Registration District No. 294

Primary Registration District No. 3026

Registrar's No. 154

1. PLACE OF DEATH:

(a) County Randolph

(b) City or town Moberly

(c) Name of hospital or institution: Woodland Hoop  
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution 1 da  
(Specify whether years, months or days)

In this community \_\_\_\_\_  
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Howard

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

(d) Street No. \_\_\_\_\_  
(If rural, give location)

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

3. (a) PRINT FULL NAME ALVIN WILHOIT

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

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 23  
year 1942 hour 12 minute 40 A.M.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Sally Wilhoit

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased: Feb. 18, 1866  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Aug. 22, 1942 to Aug. 23, 1942, that I last saw him alive on August 22, 1942 and that death occurred on the date and hour stated above.

8. AGE: Years 76 Months 6 Days 5  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death Chronic myocarditis

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

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

9. Birthplace Glasgow Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

Other conditions: Pyloric obstruction, probably malignant.

(Include pregnancy within 3 months of death)

Major findings: ✓

Of operations ✓

Of autopsy ✓

11. Industry or business ✓

12. Name William Wilhoit

13. Birthplace Howard Co Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Fannie Baster

15. Birthplace Howard Co. Mo.  
(City, town, or county) (State or foreign country)

22. If death was due to external cause, 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 \_\_\_\_\_

16. (a) Informant Mrs. Sally Wilhoit

(b) Address Glasgow, Mo.

17. (a) burial (b) Date thereof 8-25-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington - Glasgow Mo.

18. (a) Signature of funeral director T. P. Gray

(b) Address Glasgow, Mo.

19. (a) Aug 24 - 42 (b) Irma Hill  
(Date received local registrar) (Registrar's signature)

23. Signature R. D. Streeton (M. D. or other) M. D.

Address Moberly, Mo. Date, signed Aug 23 1942

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

88  
36  
3

27994

RECEIVED

District Health Officer No. 10

District File Number 9-42-1264

Date Filed 24 5 1956

JAN 26 1956

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 K. P. M. Cray

Licensed Embalmer No. 31503

P. O. Address Glasgow, 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.