

FILED AUG 21 1942

Registration District No. 757

Primary Registration District No. 3036

Registrar's No. 349

92
99
3

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

1. PLACE OF DEATH:

(a) County ST-CHARLES

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

(c) Name of hospital or institution: ST-JOSEPH HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 Days
(Specify whether)

In this community 3 Days
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State..... (b) County..... 92

(c) City or town..... 9
(If outside city or town limits, write "RURAL") 3

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

(e) Citizen of foreign country?..... (Yes or No) 0
If yes, name country.....

3. (a) PRINT FULL NAME AUDREY-LEE-WHITLOCK

3. (b) If veteran, name war..... 3. (c) Social Security No. ✓

5. Color or race Female 1 White 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased June 28 1942
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>0</u>	<u>0</u>	<u>3</u> hr. min.

9. Birthplace ST-CHARLES MO
(City, town, or county) (State or foreign country)

10. Usual occupation NONE

11. Industry or business NONE

12. Name George William Whitlock

13. Birthplace St Charles Mo
(City, town, or county) (State or foreign country)

14. Maiden name LEOTA McMAHAN

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

16. (a) Informant George William Whitlock

(b) Address St Charles Mo

17. (a) Burial (b) Date thereof 7-3-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bethany Cemetery - Bluffton Mo

18. (a) Signature of funeral director H. D. Allmeyer & Co

(b) Address St Charles Mo

19. (a) July 3, 1942 (b) Clarence G. Ulesner
(If not received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 2
year 1942 hour 11 minute 05 A.M.

21. I hereby certify that I attended the deceased from 6-30-42
..... 19..... to..... 19.....
that I last saw h..... alive on..... 7-27-42
and that death occurred in the date and hour stated above.

Immediate cause of death Congenital Heart Duration 4 days

(Patent intra ventricular Septum)

Due to.....

Other conditions..... (Include pregnancy within 3 months of death) 4 days

ATRESIA of ESOPHAGUS PHYSICIAN
Septum Patent intra ventricular
Atresia of Esophagus
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 R. J. Bunkle (M. D. or other?)
Address no day Date signed 7/2/42

2744AHJ-TC
T-CHARTER
T-CHARTER

ADMITTED - BE - 1901A

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: *John E. Ballmeyer*

Licensed Embalmer No. *2951*

P. O. Address: *St Charles 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.