

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

FILED OCT 6 - 1942

Registration District No. 128

Primary Registration District No. 5439

State File No. _____

Registrar's No. 2

1. PLACE OF DEATH:

(a) County Gasconade
(b) City or town Owensville R.F.D. #3
(If outside city or town limits, write "RURAL" and name of township) (Canaan Twp.)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location) _____
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 20 yrs years, months or days

8. (a) PRINT FULL NAME Samuel Hardesty Willhite

3. (b) If veteran, name war no 8. (c) Social Security No. none

4. Sex male 5. Color or race White 6. (a) Single, widowed, married, divorced 2 divorced widowed
6. (b) Name of husband or wife Laura Willhite 6. (c) Age of husband or wife if alive Dead years
7. Birth date of deceased April 19 1870 (Month) (Day) (Year)

8. AGE: Years 72 Months 4 Days 24 If less than one day hr. _____ min. _____

9. Birthplace Nashville Tenn. 1 (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farm

12. Name Nesakiah Willhite
13. Birthplace Unknown Tenn. 1 (City, town, or county) (State or foreign country)
14. Maiden name Rebecca Howard
15. Birthplace Unknown Tenn. 1 (City, town, or county) (State or foreign country)

16. (a) Informant Luther Willhite

(b) Address Owensville, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-15-42 (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cem. Oak Hill Mo

18. (a) Signature of funeral director Lappin & Murray

(b) Address Owensville, Mo

19. (a) 9-15-42 (Date received local registrar) (b) Myrtle M. Wenkel (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Gasconade
(c) City or town Owensville R.F.D. #3 (If outside city or town limits, write "RURAL") Canaan Twp.
(d) Street No. _____ (If rural, give location) _____
(e) If foreign born, how long in U. S. A.? 0 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 13 year 1942 hour 6 minute 30 a.m.

21. I hereby certify that I attended the deceased from June 20 1942 to Sept. 13 1942
that I last saw him alive on Sept. 12 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Dilatation of Heart Duration 48 Hrs

Due to Carcinoma of right lower jaw 1 yr.
Due to _____

Other conditions (Include pregnancy within 3 months of death) 450

Major findings: Of operations None
Of autopsy None
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) (e) Means of injury _____

23. Signature Paul A. Brenner (M. D. or other) MD
Address Owensville, Mo Date signed 9-15-42

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

37
0
0

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.....

..... *me*, Registered Apprentice No.....
working under my personal supervision.

Signed.....

Robert M. Murray

Licensed Embalmer No.....

3749

P. O. Address.....

Owensville, 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, above space should be left blank.