

FILED DEC 2 1942 74

Registration District No. _____ Primary Registration District No. 3052

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 822 W. Saline
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 50 yrs. years, months or days

3. (a) PRINT FULL NAME Chas. Whitney

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

4. Sex M 2 5. Color or race Negro 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Carrie Whitney 6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased Mar 10 (Month) (Day) (Year) 1877

8. AGE: Years 65 Months 7 Days 26 If less than one day _____ hr. _____ min.

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

10. Usual occupation Truckman

11. Industry or business _____

12. Name Jeff Whitney

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

14. Maiden name Emma Whitney

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

16. (a) Informant Carrie Whitney

(b) Address 531 N. Ohio

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 6, 42 (Month) (Day) (Year)

(c) Place: burial or cremation Country Mount Pleasant

18. (a) Signature of funeral director Dr. C. Alexander

(b) Address 400 W. 1st St.

19. Nov 6, 1942 (Date received local registrar) Mrs Anna Seager (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis
(c) City or town Sedalia (If outside city or town limits, write "RURAL")
(d) Street No. 822 W. Saline (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 4 year 1942 hour _____ minute 9:30 M.

21. I hereby certify that I attended the deceased from Oct 23-42 to Nov 4 - 1942, 19____, that I last saw him alive on Nov 4 - 1942 and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Due to Cerebral apoplexy
Hypertension

Due to Chronic interstitial Nephritis

Other conditions Right Hemiplegia
(Include pregnancy within 5 months of death)

Major findings: Of operations 131a

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) (e) Means of injury _____

23. Signature C. R. Madrox (M. D. or other) M.D.

Address 116 1/2 W. Union Date signed 11-6-42

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

DEC 3-1942

JOHN D. ROSE, INC. O.
Reference
12-1-42

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.....

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

Signed *J. Pryce Alexander*
Licensed Embalmer No. *4245*

P. O. Address.....

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.