

Registration District No. 137 Primary Registration District No. 3023 State File No. _____ Registrar's No. 70

1. PLACE OF DEATH:
(a) County Henry
(b) City or town Clinton Mo
(If outside city or town limits, write "RURAL" and name of township)
(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 40 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Henry
(c) City or town Clinton Mo (If outside city or town limits, write "RURAL")
(d) Street No. 718 N 3rd (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME PHILLIP LEROY WAREHAM
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Mar day 28 year 1943 hour 12:15 minute _____ A.M.
21. I hereby certify that I attended the deceased from Nov 1942 to Mar 28, 1943
that I last saw him alive on Mar 27, 1943
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife BESSIE 6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased Jan 22 1875 (Month) (Day) (Year)

Immediate cause of death Lobar pneumonia
Due to apoplexy
Due to arteriosclerosis & myocarditis
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

8. AGE: Years 68 Months 2 Days 6 If less than one day _____ hr. _____ min.
9. Birthplace Peoria Ill (City, town, or county) (State or foreign country)
10. Usual occupation mine worker

MOTHER FATHER {
11. Industry or business _____
12. Name JACOB WAREHAM
13. Birthplace Ill (City, town, or county) (State or foreign country)
14. Maiden name MAGGIE MITCHELL
15. Birthplace Ill (City, town, or county) (State or foreign country)

108
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs Bessie Wareham
(b) Address Clinton Mo
17. (a) Burial (b) Date thereof 3-30-43 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Egglewood
18. (a) Signature of funeral director Charles Beck
(b) Address Clinton Mo
19. (a) March 30, 1943 (Date received local registrar) Georgia Kitchen (Registrar's signature) & K.

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 Geo. M. [unclear] (or other) _____
Address Clinton Mo Date signed Mar 29 43

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

RECEIVED

District Health Officer No. 7,

District File Number 3-43-114

Date Filed 4-13-43

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 E Cousins

Licensed Embalmer No. 1891

P. O. Address Clinton 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.