

FILED SEP 13 1943

Registration District No. 1

Primary Registration District No. 3000

Registrar's No. 230

1. PLACE OF DEATH:

(a) County Adair
(b) City or town Kirksville
(c) Name of hospital or institution:
1003 N. Olive
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Adair
(c) City or town Kirksville
(If outside city or town limits, write "RURAL")
(d) Street No. 1003 N. Olive
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME John E. Whyte

3. (b) If veteran, name war _____ 3. (c) Social Security: No. 710-03-7169

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lena B. Whyte 6. (c) Age of husband or wife if alive 33 years
7. Birth date of deceased Aug. 20 1896
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
47 0 4 hr. _____ min.

9. Birthplace St. Joseph Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Day Laborer

11. Industry or business _____

MOTHER FATHER { 12. Name John E. Whyte
13. Birthplace St. Joseph, Mo
(City, town, or county) (State or foreign country)
14. Maiden name Lucy Payne
15. Birthplace Kansas
(City, town, or county) (State or foreign country)

16. (a) Informant Lena B. Whyte
(b) Address Kirksville, Mo.
17. (a) Burial Highland Park (b) Date thereof 8/26/43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Highland Park

18. (a) Signature of funeral director _____
(b) Address Kirksville, Mo.
19. (a) 8/21/43 (b) Mrs. J. L. Waggoner
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 24
year 1943 hour 11:00 minute P. M.

21. I hereby certify that I attended the deceased from Aug 24 1943 to Aug 26 1943
that I last saw him alive on Aug 26 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pectoris
Duration _____

Due to _____
Due to _____

Other conditions mitral regurgitation
(Include pregnancy within 3 months of death)

Major findings:
Of operations 948
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 F. B. Farnsworth (M. D. or other) _____
Address Kirksville, Mo. Date signed 8/21/43

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

1043

SEP 17 1943

NOV 20 1957

NOV 25 1951

RECEIVED

District Health Officer No. 10

District File Number 9-43-1498

Date Filed SEP 10 1943

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 Dr. Riley

Licensed Embalmer No. 4181

P. O. Address Kirkville 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.