

FILED NOV 12 1943

Registration District No. 251

Primary Registration District No. 3048

Registrar's No. 162

1. PLACE OF DEATH:

(a) County Madawaski
(b) City or town Marionville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
None - At Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Madawaski
(c) City or town Marionville 1074
(If outside city or town limits, write "RURAL")
(d) Street No. 223 E 3rd 2
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME William Henry Willhite

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced J 77
6. (b) Name of husband or wife 2 Clara Day, deceased 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 2/6/1875 (Month) (Day) (Year)

8. AGE: Years 68 Months 8 Days 3 If less than one day _____ hr. _____ min.

9. Birthplace Near Oxford 0 Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____
12. Name J. S. B. Willhite
13. Birthplace Unknown 9 Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Kate None
15. Birthplace Unknown 9 Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Jean Bishop
(b) Address Quilford Mo.

17. (a) Burial (b) Date thereof 10-11-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Parrell Cemetery

18. (a) Signature of funeral director Campbell Funeral Home
(b) Address 951 South Main Marionville Mo.

19. (a) 10-23-43 (b) Lucy Barber
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct Day 9
year 1943 hour 1045 minute A M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral thrombosis Sudden

Due to Atherosclerosis + Hypertension

Due to _____

Other conditions (Include pregnancy within 3 months of death) 838

Major findings: Of operations _____

Of autopsy Coronary Squeal

Duration

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 W.R. Jackson (M. D. or other) _____
Address Marionville, Mo. Date signed 10-11-43

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

14
2

1347

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 William Campbell
Licensed Embalmer No. 2620
P. O. Address Manville 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.