

FILED MAY 9 1944  
Registration District No. 1943

Primary Registration District No. 3014

State File No. \_\_\_\_\_  
Registrar's No. 44

1. PLACE OF DEATH:

(a) County Clay  
(b) City or town Liberty  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution at home  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether years, months or days) 33 yrs

3. (a) PRINT FULL NAME John H. Wilhoit

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced, widowed

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if \_\_\_\_\_

7. Birth date of deceased Sept. 26 1858  
~~Sept 21 1854~~  
(Month) (Day) (Year)

8. AGE: Years 85 Months 6 Days 25 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Andrew Wilhoit Carpenter

11. Industry or business W Va

12. Name Andrew Wilhoit Carpenter

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

14. Maiden name Elizabeth Rush

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

16. (a) Informant Joseph Payne Byler

(b) Address Liberty Mo

17. (a) Burial (b) Date thereof 7/21/44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunny Slope Burial Home

18. (a) Signature of funeral director P. J. Payne

(b) Address Liberty Mo

19. (a) \_\_\_\_\_ (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Clay  
(c) City or town Liberty Mo  
(If outside city or town limits, write "RURAL")  
(d) Street No. 308 N Lightbourne  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 26  
year 1944 hour 11 minute 30 A.M.

21. I hereby certify that I attended the deceased from Dec 1 1943, to Apr 21 1944  
that I last saw him alive on Apr 20 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration About 2 1/2

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions 518  
(Includes pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

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 James W. Huddleston (M. D. or other)

Address Liberty Mo Date signed 4/27/44



THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. May  
Registrar's No. 44

Registration District No. 13 Primary Registration District No. 3014

**1. PLACE OF DEATH:**  
 (a) County Clay  
 (b) City or town Liberty  
(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 years, months or days)

3. (a) PRINT FULL NAME John H. Wilhoit  
 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 w  
 6. (b) Name of husband or wife                       
 6. (c) Age of husband or wife if alive                      years  
 7. Birth date of deceased Sept 26 1898  
(Month) (Day) (Year)

8. AGE: Years 45 Months 6 Days 2 If less than one day  
 9. Birthplace va.  
(City, town, or county) (State or foreign country)

10. Usual occupation                       
 11. Industry or business                       
 12. Name                       
 13. Birthplace                       
(City, town, or county) (State or foreign country)  
 14. Maiden name                       
 15. Birthplace                       
(City, town, or county) (State or foreign country)

16. (a) Informant                       
 (b) Address                       
 17. (a)                      (b) Date thereof                       
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation                       
 18. (a) Signature of funeral director                       
 (b) Address                     

19. (a) April 22-44 (b) Helen Early  
(Date received local registrar) (Registrar's signature)

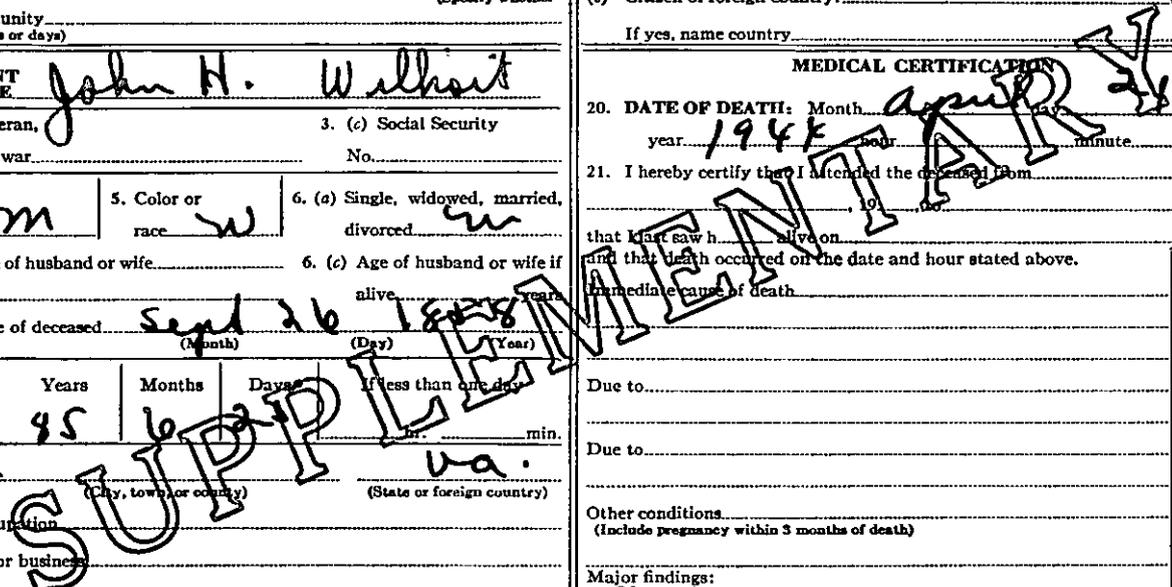
**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State                      (b) County                       
 (c) City or town                       
(If outside city or town limits, write "RURAL")  
 (d) Street No.                       
(If rural, give location)  
 (e) Citizen of foreign country?      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

**MEDICAL CERTIFICATION**  
 20. DATE OF DEATH: Month April day 22 year 1944 hour                      minute                      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                     

Due to                       
 Due to                       
 Other conditions                       
(Include pregnancy within 3 months of death)

Major findings:  
 Of operations                       
 Of autopsy                     

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                      (M. D. or other)  
 Address                      Date signed                     



FATHER  
MOTHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

14459

Walter E. Carter  
40 S. Lowell St  
Trenton, N.J.