

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22247

FILED JUL 11 1944

Primary Registration District No. 3052

Registrar's No. 193

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: 209 N. Washington
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 yr. (Specify whether years, months or days)
In this community 8 yr.

3. (a) PRINT FULL NAME Lula Whitley

3. (b) If veteran, name war. 3. (c) Social Security No. none

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Frank Whitley 6. (c) Age of husband or wife if alive years
7. Birth date of deceased 1 6 1883 (Month) (Day) (Year)

8. AGE: Years 61 Months 5 Days 1 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name Unknown
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 Frank Whitley
(b) Address 209 N. Whitley
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-9-44 (Month) (Day) (Year)

(c) Place: burial or cremation Georgetown, Mo.
18. (a) Signature of funeral director Frederick Alexander
(b) Address 400 W. Cooper - Sedalia, Mo.
19. (a) 6-8-44 (Date received local registrar) (b) Mrs. Anna Berger (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. 209 N. Washington (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 4 year 1944 hour 9 a minute 2 A.M.

21. I hereby certify that I attended the deceased from May 5 1944 to June 4 1944 that I last saw him alive on June 3 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Hypertrophic cirrhosis
Duration 1 yr.

Due to no
Due to no

Other conditions Dischitis mellitus
(Include pregnancy within 3 months of death)

Major findings: Of operations 61
Of autopsy no
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. E. Best (M. D. or other)
Address Sedalia Mo. Date signed 6-8-44

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

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

7-10-47

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. Bryce Alexander

Licensed Embalmer No.

4245

P. O. Address

Sedalia,

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.