V. S. No. 2
VM—8-43
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 15 1944

Registration District No. 39

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 25990

Primary Registration District No. 6220

Registrar's No. 16

108
0
0

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

1. PLACE OF DEATH:

(a) County Vernon

(b) City or town Rural - Harrison Township (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 In this community ✓ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Vernon

(c) City or town Rural - Harrison Township (If outside city or town limits, write "RURAL")

(d) Street No. ✓ 108 (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country ✓

3. (a) PRINT FULL NAME James Albert Whitesides

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife ✓

6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased Nov. (Month) 12 (Day) 1873 (Year)

8. AGE: Years 70 Months 8 Days 15 If less than one day hr. min.

9. Birthplace Scott County (City, town, or county) Illinois (State or foreign country)

10. Usual occupation Farming

11. Industry or business

FATHER
12. Name Joshua Whitesides
13. Birthplace Unknown (City, town, or county) England (State or foreign country)

MOTHER
14. Maiden name Fannie E. Taylor
15. Birthplace Unknown (City, town, or county) Kentucky (State or foreign country)

16. (a) Informant Aden L. Whitesides

(b) Address Moundville, Mo. R.F.D.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jul 29 1944 (Month) (Day) (Year)

(c) Place: burial or cremation Welborn Cemetery

18. (a) Signature of funeral director Allen V. Hays

(b) Address Nevada Missouri

19. (a) 8-2-1944 (Date received local registrar) (b) G. T. Tyree (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 26 year 7 AM hour minute A M.

21. I hereby certify that I attended the deceased from July 23, 1944 to July 26, 1944 that I last saw him alive on July 24, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage — Duration July 23.

Due to Dont Know

Due to

Other conditions None Known (Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy none

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? ✓ (Specify type of place)

While at work? (e) Means of injury

23. Signature W. S. Love O. M. D. (M. D. or other)

Address Nevada, Mo. Date signed 7-26-44

137 9

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 7-44-965
Date Filed 8-14-44

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 Allen V. Hays

Licensed Embalmer No. 1968

P. O. Address Nevada 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.