

FILED JAN 15 1945
Registration District No. 198

Primary Registration District No. 5719

Registrar's No. 66

1. PLACE OF DEATH:

(a) County Macon

(b) City or town Bever Twp
(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 1
(Specify whether)

In this community 1
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Macon

(c) City or town Bever Twp
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME William T Whites

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 18
year 1944 hour 7:30 minute a M.

21. I hereby certify that I attended the deceased from Dec 8 1944 to Dec 16 1944
that I last saw h. / M. alive on Dec 16 1944
and that death occurred on the date and hour stated above.

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 Feb 20 1855
(Month) (Day) (Year)

Immediate cause of death Chronic Hypertensive Heart Disease

Due to Arteriosclerosis

Due to _____

8. AGE: Years 92 Months 9 Days 28
If less than one day _____ hr. _____ min.

9. Birthplace Louisville Ky
(City, town, or county) (State or foreign country)

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

Major findings: 93

Of operations _____

Of autopsy _____

10. Usual occupation Retired Farmer

11. Industry or business _____

12. Name William Whites

13. Birthplace Louisville Ky
(City, town, or county) (State or foreign country)

14. Maiden name Mrs. Harriet Whites

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

16. (a) Informant Mrs Leonard Sawtall

(b) Address Bever Twp

17. (a) burial (b) Date thereof Dec 20 44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bever Twp

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? _____

18. (a) Signature of funeral director Robert Skinner

(b) Address Macon

19. (a) 12-21-44 (b) Winnied Rowland
(Date received local register) (Registrar's signature)

23. Signature of physician W. H. ... (M. D. or other)
Date signed Dec 20 1944

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

RECEIVED

District Registrar Office No. 10

District File Number 1-15-160

Date Filed JAN 12 1945

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 Albert S. Kinner

Licensed Embalmer No. 75-1

P. O. Address Macon 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.