

S. No. 2  
M-8-43  
5-17-39  
-1 X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED JAN 10 1945  
Registration District No. 360

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

42329

State File No. \_\_\_\_\_

Primary Registration District No. 6225

Registrar's No. 208

1. PLACE OF DEATH:

(a) County Vernon  
(b) City or town New Boston - Rural - Washington  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: State Hospital #3  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 4  
In this community 1 month 3 days  
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry  
(c) City or town Clinton (Rural)  
(If outside city or town limits, write "RURAL")  
(d) Street No. Route # 2  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

EMMA Whitlock

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced M  
6. (b) Name of husband or wife M. F. Whitlock 6. (c) Age of husband or wife if alive 67 years  
7. Birth date of deceased Sept 8 1872  
(Month) (Day) (Year)

8. AGE: Years 72 Months 3 Days 3 If less than one day hr. min.

9. Birthplace Henry Co. Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name Franklin P. White  
13. Birthplace Missouri (City, town, or county) (State or foreign country)  
14. Maiden name Alvina Harrison  
15. Birthplace Illinois (City, town, or county) (State or foreign country)

16. (a) Informant Hospital Records  
(b) Address Nevada Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12-13-44  
(Month) (Day) (Year)

(c) Place: burial or cremation Englewood

18. (a) Signature of funeral director Fred Wilkerson

(b) Address Clinton Mo

19. (a) 12-13-44 (Date received local registrar) (b) Hay B. Beusch (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 11  
year 1944 hour 9 minute 30 A.M.

21. I hereby certify that I attended the deceased from Nov. 8  
1944 to Dec 11 1944

that I last saw her alive on Dec. 10 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia

Due to chronic nephritis

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:

(c) 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) (e) Means of injury 0

23. Signature Evelyn Griffin (M. D. or other) MD

Address State Hosp, Nevada Mo Date signed Dec 11, 1944

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

0800

1331

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

Case No. 7,

12-44-1442

1-8-45

Date

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**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 Fred Wellhausen

Licensed Embalmer No. 2478

P. O. Address Clinton 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.**