S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 16 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9618

State File No. 9618

Registration District No. 120 | Primary Registration District No. 4194 | Registrar's No. 20

1. PLACE OF DEATH:
(a) County: Gentry
(b) City or town: Albany (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1 (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) In this community: Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Gentry
(c) City or town: Albany 34 (If outside city or town limits, write "RURAL") 1
(d) Street No. ____ (If rural, give location) 0
(e) Citizen of foreign country? No. 0 (Yes or No)
If yes, name country ____

3. (a) PRINT FULL NAME: John Whittington
3. (b) If veteran, name war ____
3. (c) Social Security No. ____

4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: Bertha Whittington
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased: Sept. (Month) 7 (Day) 1879 (Year)

8. AGE: Years: 65 | Months: 10 | Days: 19 | If less than one day ____ hr. ____ min.

9. Birthplace: Albany (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation: Farm hand
11. Industry or business ____
MOTHER FATHER
12. Name: Geo. W. Whittington
13. Birthplace: Quincy (City, town, or county) Illinois (State or foreign country)
14. Maiden name: Mary Baldock
15. Birthplace: Unknown (City, town, or county) Unknown (State or foreign country)
16. (a) Informant: Wm Whittington
(b) Address: Albany, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/28/45 (Month) (Day) (Year)
(c) Place: burial or cremation: Shepherd
18. (a) Signature of funeral director: Clifford Brooks
(b) Address: Albany Mo.
19. (a) March 3-1945 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month: Feb. day: 26 year: 1945 hour: 11 minute: A.M.
21. I hereby certify that I attended the deceased from Feby. 26, 1945, to Feby. 26, 1945, that I last saw him alive on Feby. 26, 1945, and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Hemorrhage
Due to: high blood pressure.
Due to: ____
Other conditions (Include pregnancy within 3 months of death): ____
Major findings: Of operations: ____ Of autopsy: ____

Duration

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. T. Martin (M. D. or other)
Address: Albany Mo. Date signed: Mar 3-45

1108 (Licensed Embalmer's Statement on Reverse Side)

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 Me

....., Registered Apprentice No.....,

working under my personal supervision.

Signed. Clifford Brooks

Licensed Embalmer No. 3329

P. O. Address. Albany 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.