

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Registration District No. **13945**

Primary Registration District No. **54944209**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Harrison

(b) City or town Cainsville
(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 _____
(Specify whether years, months or days)

In this community 48 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Harrison

(c) City or town Cainsville
(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 M. F. Whittington

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased May 28 1863
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 28th
year 1945 hour 5 minute -- P. M.

21. I hereby certify that I attended the deceased from March 25
1945, to March 27, 1945;

that I last saw him alive on March 27, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Cosmopolitan
Arteriosclerosis general

Duration _____

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

8. AGE:

Years	Months	Days	If less than one day
<u>81</u>	<u>10</u>	<u>---</u>	hr. _____ min. _____

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

10. Usual occupation Retired Laborer

PHYSICIAN

Major findings:
Of operations _____
Of autopsy _____

Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business _____

12. Name William Whittington

13. Birthplace Dublin Ireland
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Gardner

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

16. (a) Informant Jesse V. Whittington
(b) Address Cainsville, Missouri.

17. (a) Burial (b) Date thereof March 30 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Murphy Cemetery

18. (a) Signature of funeral director _____
(b) Address Cainsville, Missouri.

19. (a) 4-4-45 (b) S. Pha. Shaw
(Date received local registrar) (Registrar's signature)

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 [Signature] (M. D. or other) _____
Address Cainsville, Missouri. Date signed 3-30-45

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

STATEMENT BY LICENSED EMBALMER

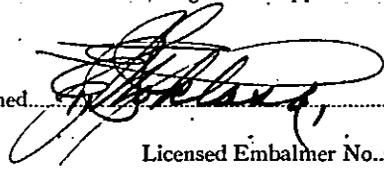
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, *dr/bj/11*

Eddie J. Stoklasa

Registered Apprentice No. _____

working under my personal supervision.

Signed _____



Licensed Embalmer No. 3602

P. O. Address Gainsville, Missouri.

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.