

FILED OCT 10 1945

Registration District No. _____

Primary Registration District No. 4099

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Cass
(b) City or town Pleasant Hill, Missouri
(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 _____
life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cass 19
(c) City or town Pleasant Hill, Mo. 2
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) 0
(e) Citizen of foreign country? NO (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME Albert R. Wherritt

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 married

6. (b) Name of husband or wife Jessie Wherritt 6. (c) Age of husband or wife if alive 1855

7. Birth date of deceased NOV. 4 1855
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	89	10	4	hr. _____ min.

9. Birthplace Pleasant Hill, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Real estate dealer

11. Industry or business _____

12. Name B. B. Wherritt

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

14. Maiden name Margaret Peacock

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

16. (a) Informant live Jessie Wherritt

(b) Address Pleasant Hill, Missouri

17. (a) Burial (b) Date thereof 9-10-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Hill, Mo.

18. (a) Signature of funeral director Allen Brownfield

(b) Address Pleasant Hill, Mo.

19. (a) 9-14-45 (b) Laura J. Jones
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 8
year 1945 hour 10 minute 30 A.M.

21. I hereby certify that I attended the deceased from Sept. 7, 1945, to Sept. 8, 1945.
that I last saw him alive on Sept. 8, 1945.
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis & Sclerosis of coronary arteries

Due to _____

Due to _____

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

Major findings: Of operations 93.0
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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature L. J. Munday M.D. (M. D. or other)

Address Pleasant Hill, Mo. Date signed 9-11-45

1403

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

9
2
0

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.....

By me - 9-8-45....., Registered Apprentice No.....
working under my personal supervision.

Signed *Allen Brown*.....

Licensed Embalmer No. *3783*.....

P. O. Address *Pleasant Hill*.....

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.