

FILED DEC 7 1945

State File No. _____

Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 325

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 209 N. Washington
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 years (Specify whether years, months or days)
In this community _____

3. (a) PRINT FULL NAME

Frank Whitley

3. (b) If veteran, name war Spanish American 3. (c) Social Security No. _____

4. Sex Male 5. Color or race Negro 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 Oct 11 1875
(Month) (Day) (Year)

8. AGE: Years 70 Months 1 Days 14 If less than one day hr. _____ min. _____

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

10. Usual occupation none

11. Industry or business

12. Name James Whitley 9
13. Birthplace Unknown (City, town, or county) (State or foreign country)
14. Maiden name Orenda Morgan 9
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mr. Charles Whitley
(b) Address 520 N. Moniteau
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-7-45 (Month) (Day) (Year)
(c) Place: burial or cremation Georgetown, Mo.

18. (a) Signature of funeral director James Alexander
(b) Address Sedalia, Mo.
19. (a) 11-30-45 (Date received local registrar) (b) U. J. Campbell (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis 86
(c) City or town Sedalia 6
(If outside city or town limits, write "RURAL")
(d) Street No. 209 N. Washington 4
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 25 year 1945 hour 2 minute 30 P M.
21. I hereby certify that I attended the deceased from Jan 1940 to Nov 25 1945 that I last saw him alive on Nov 25 1945 and that death occurred on the date and hour stated above.

Immediate cause of death myocardial degeneration Duration _____
Due to interstitial nephritis

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

Major findings: Of operations 123K Of autopsy _____
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? _____ (c) Means of injury _____
23. Signature Dr. I. Bishop (M. D. or others) MD.
Address Sedalia Date signed 11-30-45

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

12-6-41

DEC 10 1941

JAN 29 1942

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

J. Lyle Alexander

Licensed Embalmer No.

4243

P. O. Address

See Address

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.