

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. ....

**FILED** APR 12 1948

Registration District No. 274

Primary Registration District No. 5930

Registrar's No. 96

1. PLACE OF DEATH:

(a) County PETTIS  
(b) City or town RURAL  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
HUCHESVILLE R#2. 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
In this community LIFE  
years, months or days)

3. (a) PRINT FULL NAME E. D. T. WHITMIRE

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

4. Sex M. O. 5. Color or race W  
6. (b) Name of husband or wife CARRIE 6. (a) Single, widowed, married,  
alive \_\_\_\_\_ divorced MAR.  
7. Birth date of deceased FEB. 25 1873  
(Month) (Day) (Year)

8. AGE: Years 73 Months 1 Days 0 If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation FARMER

11. Industry or business

MOTHER FATHER  
12. Name MONROE W. WHITMIRE  
13. Birthplace AKRON OHIO  
(City, town, or county) (State or foreign country)  
14. Maiden name MARY E BROWN  
15. Birthplace PENNA  
(City, town, or county) (State or foreign country)

16. (a) Informant MRS. E. T. WHITMIRE

(b) Address HUCHESVILLE, MO

17. (a) BURIAL (b) Date thereof 3-27-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CROWN HILLS

18. (a) Signature of funeral director Geo. Dillard

(b) Address Sedalia

19. (a) 3/27/46 (b) Betty Yeager  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County PETTIS 80  
(c) City or town HUCHESVILLE RURAL 1  
(If outside city or town limits, write "RURAL")  
(d) Street No. RFD # 2  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAR. day 25  
year 1946 hour 12 noon minute \_\_\_\_\_ M. \_\_\_\_\_

21. I hereby certify that I attended the deceased from over 2  
years, 19 \_\_\_\_\_, to March 25, 19 46.  
that I last saw him alive on March 15, 19 46;  
and that death occurred on the date and hour stated above.

Immediate cause of death. Hypertension Heart Disease Duration over 2 years

Due to Hypertension Same

Due to Chl Myocarditis Same

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

PHYSICIAN

Major findings: None  
Of operations \_\_\_\_\_  
Of autopsy None 9/24

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) None  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? None  
(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 0

23. Signature Dr. B. Carlisle M.D. (M. D. or other)  
Address Sedalia Mo Date signed 3-27-46

RECEIVED  
District Health Officer No. 8,  
District File Number \_\_\_\_\_  
Date Filed 4-11-46

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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 \_\_\_\_\_

L. F. Parker  
Licensed Embalmer No. 3840

P. O. Address Seabrook, Md.

**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.