

FILED MAY 9 1946

State File No.

Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 116

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:
520 N. Moniteau
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 40 yrs (Specify whether)
In this community 40 yrs
years, months or days

3. (a) PRINT FULL NAME

Charley Whitley

3. (b) If veteran,

name war none

3. (c) Social Security

No. None

4. Sex Male
5. Color or race Negro

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

6. (b) Name of husband or wife Nattie Whitley

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased Aug. 27 1870
(Month) (Day) (Year)

8. AGE:

Years 75 Months 8 Days 7

If less than one day

hr. min.

9. Birthplace

Georgetown
(City, town, or county)

MO.
(State or foreign country)

10. Usual occupation

laborer

11. Industry or business

Unemployed

12. Name

James Whitley

13. Birthplace

Unknown

9
(State or foreign country)

14. Maiden name

Orenda Morgan

15. Birthplace

Unknown

9
(State or foreign country)

16. (a) Informant

Mrs. Zula Whitley

(b) Address

423 N. Mill, St

17. (a)

Burial

(b) Date thereof 4-8-46
(Month) (Day) (Year)

(c) Place: burial or cremation

Georgetown

18. (a) Signature of funeral director

J. P. Alexander

(b) Address

401 W. Cadwell, Sedalia, Mo.

19. (a)

4-16-46

(b) Betty Yeager
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis
(c) City or town Sedalia
(If outside city or town limits, write "RURAL")
(d) Street No. 520 N. Moniteau St
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr. day 4
year 1946 hour 2 minute P M.

21. I hereby certify that I attended the deceased from Apr. 3, 1946 to Apr. 4, 1946
that I last saw him alive on Apr. 4, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 2 days

Due to High Blood Pressure 27

Due to

Other conditions None
(Include pregnancy within 3 months of death)

Major findings:

Of operations

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?

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

23. Signature M. B. Smith (M. D. or other) MD
Address 10472 W. Main, Sedalia, Mo. Date signed 4/8/46

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 5-2-46

MAY 10 1946

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. R. Pyre Alexander

Licensed Embalmer No.

4245

P. O. Address

Sedalia 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.