

No. 2  
M-3-43  
v. 5-17-39  
I X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32921

State File No.

Registration District No. 47

Primary Registration District No. 3008

Registrar's No. 336

1. PLACE OF DEATH:

(a) County Callaway

(b) City or town Gulton  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: State Hospital no. 2  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 yr 8 mo 14 day  
(Specify whether years, months or days)

In this community same  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Miller

(c) City or town Eldon  
(If outside city or town limits, write "RURAL")

(d) Street No. 2  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME FELLYA LILLIAN WHITLOCK

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex female 5. Color or race white

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

6. (b) Name of husband or wife Fred D. Whitlock

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased Feb 5 1899  
(Month) (Day) (Year)

8. AGE: Years 47 Months 8 Days 9  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation housewife

11. Industry or business \_\_\_\_\_

12. Name James R. Bowring

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

14. Maiden name DTC

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

16. (a) Informant Reverend State Hospital

(b) Address Fulton

17. (a) Eldon Cemetery (b) Date thereof 10-16-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Eldon Cemetery

18. (a) Signature of funeral director J. D. Phillips

(b) Address Fulton

19. (a) 10-14-46 (b) Joan M. Mouskoff  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 14  
year 1946 hour 2 minute 0 M.

21. I hereby certify that I attended the deceased from Oct 10  
1946, to Oct 14 1946  
that I last saw her alive on Oct 13 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to \_\_\_\_\_

Due to ~~\_\_\_\_\_~~

Other conditions 83A  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? no

While at work? no (Specify type of place) \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

Signature J. D. Phillips (M. D. or other) \_\_\_\_\_  
Address Fulton Mo \_\_\_\_\_

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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

4  
1  
2

**RECEIVED**  
District Health Officer No. 91  
District File Number  
Date Filed 10-21-46

**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.....

*James D. Melius*, Registered Apprentice No.....  
working under my personal supervision.

Signed *James D. Melius*

Licensed Embalmer No. *3663*

P. O. Address *Bedon*

**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.**