

FILED OCT 22 1946

Registration District No. 173

Primary Registration District No. 5649

Registrar's No. 108

1. PLACE OF DEATH:

(a) County Lawrence  
(b) City or town Pierce City Rural  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 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 \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Lawrence  
(c) City or town Pierce City Mo Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

John W. Whitzell

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

4. Sex M 5. Color or race W  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Mary  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased 6 13 1873  
(Month) (Day) (Year)

8. AGE: Years 73 Months 3 Days 27  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Farming

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

MOTHER FATHER

12. Name Unknown 9  
13. Birthplace \_\_\_\_\_ (State or foreign country)  
14. Maiden name Unknown 9  
15. Birthplace \_\_\_\_\_ (State or foreign country)

16. (a) Informant Pearl McMillan

(b) Address Pierce City Mo

17. (a) Removal (b) Date of death Oct 10-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Will

18. (a) Signature of funeral director Merriyers

(b) Address Pierce City Mo

19. (a) Oct 10-46 (b) Opal Mae Pratt  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 10  
year 1946 hour 4 minute \_\_\_\_\_ A.M.  
21. I hereby certify that I attended the deceased from Oct 1  
1946 to 10 1946  
that I last saw him alive on Oct 10 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Congestive Heart Failure  
Duration \_\_\_\_\_

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

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations 95  
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 2

23. Signature Dr. H. H. ... (M. D. or other) 20  
Address Mo Date signed 10-10-46

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

RECEIVED

District Health Officer No. 6,

District File Number 1096-1049

Date Filed OCT 15 1946

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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 me  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed Victor P. Klemeyer  
Licensed Embalmer No. 3822  
P. O. Address Quincy City, 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.**