

No. 2  
-12-45  
-17-39  
X 47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED JUN 23 1947**

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **43818**  
Registrar's No. **170**

Registration District No. **2** Primary Registration District No. **40-0-74008**

1. PLACE OF DEATH:

(a) County **Andrew**  
(b) City or town **Cosby**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **home**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution (Specify whether years, months or days)

3. (a) PRINT FULL NAME **WILEX P. WHITLOCK**  
3. (b) If veteran, name war No. 3. (c) Social Security No.

4. Sex **Male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **married**  
6. (b) Name of husband or wife **DOROTHY WHITLOCK** 6. (c) Age of husband or wife if alive **52** years  
7. Birth date of deceased **May 29 1894**  
(Month) (Day) (Year)

8. AGE: Years **72** Months **6** Days **1** If less than one day hr. min.

9. Birthplace **Nearby Platte Mo.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Railroad**

11. Industry or business

12. Name **A. N. WHITLOCK**  
13. Birthplace **Kentucky**  
(City, town, or county) (State or foreign country)

14. Maiden name **Dorothy Cox**  
15. Birthplace **Richmond Virginia**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Edna Byrnes**  
(b) Address **Cosby Mo.**

17. (a) **Burial** (b) Date thereof **12-4-46**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Cosby Mo.**

18. (a) Signature of funeral director **John D. Brown**  
(b) Address **1110 S. 11th St. St. Louis Mo.**

19. (a) (Date received local registrar) (b) **Miss Lillian Sparks**  
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Andrew**  
(c) City or town **Cosby**  
(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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **12** day **1**  
year **1946** hour **12** minute **A.M.**  
21. I hereby certify that I attended the deceased from **11-15** 19**46** to **12-1** 19**46**  
that I last saw him alive on **12-1** 19**46**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Sclerosis**  
Due to **Coronary Heart Failure**  
Due to **Coronary Sclerosis**

Other conditions (Include pregnancy within 3 months of death)  
Major findings: **ATA**  
Of operations  
Of autopsy

Duration **8 hrs - 6 days - 3 yrs.**

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 **W. H. Jacobs** (M. D. or other) **MD**  
Address **Union St. Mo.** Date signed **6-9-47**

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

DISTRICT HEALTH OFFICE  
Cameron, Mo.

DEC 10 1954

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

*John G. B. [unclear]*

Licensed Embalmer No.

3933

P. O. Address

*Marionville*

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.