

S. No. 2
DOM-5-43
Rev. 5-17-39
I X36671

FILED JAN 21 1947

Registration District No. **77** Primary Registration District No. **3008**

1. PLACE OF DEATH:
 (a) County **Callaway**
 (b) City or town **Fulton**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **Callaway County Hospital**
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **About 38 Hours**
(Specify whether years, months or days)
 In this community **Twenty Five Years**

3. (a) PRINT FULL NAME **EUGENE SYLVESTER WHANGER**
 3. (b) If veteran, name war **World War 1**
 3. (c) Social Security No. **497-05-0354**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
 6. (b) Name of husband or wife **Lillian Bradley Whanger** 6. (c) Age of husband or wife if alive **50** years
 7. Birth date of deceased **May 2 1895**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	51	8	11	hr. min.

9. Birthplace **Near Mokane Missouri**
(City, town, or county) (State or foreign country)
 10. Usual occupation **Shoe Salesman**

11. Industry or business
 12. Name **John Madison Whanger**
 13. Birthplace **Near Mokane Missouri**
 14. Maiden name **Sallie Davis**
 15. Birthplace **New Bloomfield Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Lillian Whanger**
 (b) Address **701 Grand Ave., Fulton, Mo**
 17. (a) **Burial** (b) Date thereof **1-14-47**
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Hillcrest**

18. (a) Signature of funeral director **Hollace Funeral Home**
 (b) Address **7th & 6th Fulton, Missouri**
 19. (a) **1-14-1947** (b) **Joyce M. Moushoffs**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Callaway**
 (c) City or town **Fulton**
(If outside city or town limits, write "RURAL")
 (d) Street No. **701 Grand Ave.**
(If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **Jan** day **13** year **1947** hour **3** minute **02 A.M.**

21. I hereby certify that I attended the deceased from **Jan 11**, 1947, to **Jan 13**, 1947;
 that I last saw him alive on **Jan 13**, 1947;
 and that death occurred on the date and hour stated above.

Immediate cause of death:
 ① **Toxemia from severe generalized bile peritonitis of 75 hours** **72 hrs**
 Due to **perforated**
 ② **Perforated bile duct secondary to cholecystitis and cholelithiasis** **72 hours**
 Due to **perforated**
 Other conditions: **1/26**
(Include pregnancy within 3 months of death)

Major findings: **Generalized Bile Peritonitis with fat necrosis, Cholecystitis, lithiasis of common and perforated cystic duct at junction with common duct**
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? _____
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____
 23. Signature **E. Rutledge Gibb** (M. D. or other) **M.D.**
 Address **7 West 10th Fulton, Mo** Date signed **13 Jan 47**

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

4
1
2

MOTHER FATHER

38

RECEIVED
District Health Officer No. 9

District File Number
Date Filed JAN 21 1947

JAN 31 1947
JAN 29 1947

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 Kenil C. Browning
Licensed Embalmer No. 2726
P. O. Address Fulton 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.