

Registration District No. 120

Primary Registration District No. 4194

1. PLACE OF DEATH:

(a) County Gentry

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

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community Lifetime
years, months or days e

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gentry **38**

(c) City or town Albany **1**
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location) **0**

(e) Citizen of foreign country? no (Yes or No) **0**
If yes, name country _____

3. (a) PRINT FULL NAME Alvin Whitton

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 24
year 1947 hour 5 minute 15 A.M.

21. I hereby certify that I attended the deceased from 1925
19____, to 4-23-1947,
that I last saw him im alive on 4-23-1947
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race W. 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Maggie 6. (c) -Age of husband or wife if alive 70 years

7. Birth date of deceased March 4 - 1877
(Month) (Day) (Year)

Immediate cause of death Bright's Disease **12 yrs.**

8. AGE: Years 70 Months 1 Days 20 If less than one day hr. _____ min. _____

Due to _____

9. Birthplace Gentry Co. Mo.
(City, town, or county) (State or foreign country)

Due to _____

10. Usual occupation Implement Dealer

Other conditions (include pregnancy within 3 months of death) _____

11. Industry or business _____

Major findings: _____

12. Name Alvin Whitton

Of operations _____

13. Birthplace Gentry Co. Mo.
(City, town, or county) (State or foreign country)

Of autopsy _____

14. Maiden name Mary Jane Kaur

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

16. (a) Informant Mrs Alvin Whitton
(b) Address Albany Mo

17. (a) Burial (b) Date thereof 4/26/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Grandview

18. (a) Signature of funeral director Clifford Burk
(b) Address Albany, Mo

19. May 3-1947 (Date received local registrar) James H. Webster (Registrar's signature) **12**

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 Frank H. Rose (M. D. or other) M. D.
Address Albany, Mo Date signed 4-24-47

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

MOTHER FATHER

DISTRICT HEALTH OFFICE
Cameron, Mo.

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

Clifford Brooks
.....
Licensed Embalmer No. 3329
.....

P. O. Address Albany 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.