

FILED JUN 25 1947

State File No. _____

Registration District No. 326

Primary Registration District No. 6110

Registrar's No. 38

1. PLACE OF DEATH:

(a) County Scotland

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

(c) Name of hospital or institution 3 First Township
(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 Schuyler

(c) City or town Downing 98
(If outside city or town limits, write "RURAL")

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

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

3. (a) PRINT FULL NAME James Whitton

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 14
year 1947 hour 3 PM

21. I hereby certify that I attended the deceased from Found dead 19____ to _____ 19____

that I last saw h. _____ alive on _____ 19____
and that death occurred on the date and hour stated above.

4. Sex MO 5. Color or race W

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

6. (b) Name of husband or wife Mary M. Whitton

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased Sept 13 1881
(Month) (Day) (Year)

Immediate cause of death Found dead probably from heart trouble

Due to myocardial infarction

Due to Central Hemorrhage

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

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

8. AGE: Years 65 Months 9 Days 1 If less than one day _____ hr. _____ min.

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

10. Usual occupation Railway Mail Clerk

Major findings: Of operations _____

Of autopsy 83%

11. Industry or business Farming

MOTHER FATHER { 12. Name William Whitton 4

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

14. Maiden name Elizabeth Myers

15. Birthplace Schuyler County Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mary M. Whitton

(b) Address Downing

17. (a) Burial (b) Date thereof June 17, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Downing

18. (a) Signature of funeral director Lloyd Moore

(b) Address Downing Mo.

19. (a) 6-19-47 (b) Mrs. E. E. Parrish
(Date received local registrar) (Registrar's signature)

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)

Means of injury 2

23. Signature J. M. Baker (M. D. or other) Coroner

Address Downing Mo. Date signed 6/18/47

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

RECEIVED
District Health Officer No. 10
District File Number 6-47-364
Date Filed JUN 23 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 me

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

Signed Lloyd Moore

Licensed Embalmer No. 3157

P. O. Address Downing 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.