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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 29 1947

Registration District No. 42

MISSOURI DIVISION OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 30481

Primary Registration District No. 1000

Registrar's No. 1134

**1. PLACE OF DEATH:**

(a) County Buchanan

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

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

(d) Length of stay: In hospital or institution 10 days (Specify whether
In this community Most of lifetime.
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Buchanan

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

(d) Street No. R.F.D.#3 St. Joseph, Mo.
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Thomas Clay Whitsell

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Allie I. Whitsell

6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased November (Month) 28 (Day) 1872 (Year)

8. AGE: Years 74 Months 9 Days 23 If less than one day ..... hr. ..... min.

9. Birthplace DeKalb County (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business

FATHER
12. Name J. R. Whitsell
13. Birthplace Unknown (City, town, or county) N. Carolina (State or foreign country)

MOTHER
14. Maiden name Elizabeth Chappell
15. Birthplace Unknown (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Jerry R. Whitsell
(b) Address 2231 Eugene Field Ave. St. Joseph, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 23, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Walter Meierhoffer
(b) Address 1946 Colhoun St., St. Joseph, Mo.

19. (a) 9-24-47 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature) 297

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month September day 21st year 1947 hour 6 minute 00 P. M.

21. I hereby certify that I attended the deceased from Sept-12 1947 to Sept-21- 1947 that I last saw him alive on Sept-21- 1947 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Uremia | 9 days |
| Due to Prostatic obstruction | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |

Major findings:
Of operations
Of autopsy

137B

PHYSICIAN

Underline the cause of 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? (Specify type of place)

While at work? (e) Means of injury

23. Signature T. L. Howden (M. D. ~~or other~~) M.D.

Address 620 Francis St St Joseph, Mo. Date signed 9-22-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

## 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 Elbert R. Harrington

Licensed Embalmer No. 3258 Missouri

P. O. Address St. Joseph, 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.