

No. 2
1/47
17-39

FILED NOV 6 1947
Registration District No. 706

Primary Registration District No. 4178

1. PLACE OF DEATH:

(a) County: Dunklin
(b) City or town: Halscomb
(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: Life
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Dunklin 35
(c) City or town: Halscomb 0
(If outside city or town limits, write "RURAL")
(d) Street No. - 0
(If rural, give location)
(e) Citizen of foreign country? no 0
(Yes or No)
If yes, name country: -

3. (a) PRINT FULL NAME Adam L. Whitson

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: Widowed
6. (b) Name of husband or wife: 6. (c) Age of husband or wife if alive: 1874 years
7. Birth date of deceased: November 8 1874
(Month) (Day) (Year)

8. AGE: Years 72 Months 10 Days 19 If less than one day
.....hr.min.

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

10. Usual occupation: Laborer

11. Industry or business:

12. Name: W. H. Whitson

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

14. Maiden name: Emmaline Gibbs

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

16. (a) Informant: Anna Whitson

(b) Address: Halscomb, Missouri

17. (a) Burial (b) Date thereof: 9-30-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Pine City

18. (a) Signature of funeral director: Landers Funeral Home

(b) Address: Campbell, Missouri

19. (a) Oct. 25 (b) J. H. Anderson
(Date received local registrar) (Registrar's signature)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: September day: 27
year: 1947 hour: 2:40 P. M.

21. I hereby certify that I attended the deceased from Sept. 26, 1947 to Sept 27, 1947
that I last saw him alive on Sept 27, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral hemorrhage
Due to: arteriosclerosis, Hypertension chronic Nephritis

Due to:

Other conditions:

Major findings: 3/10
Of operations:

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? no (Specify type of place)

23. Signature: W. C. Turner (M. D. or other)

Address: Biggott, Ark. Date signed: 9-30-47

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

MOTHER FATHER

PHYSICIAN
Underline the cause of which death should be charged statistically.

RECEIVED

District Health Office No. 2,

District File Number 1147-1432

Date Filed 11-5-47

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 Christina M. Landess

Licensed Embalmer No. 4227

P. O. Address Campbell, 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.