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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 2 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41982

Registration District No. 749 Primary Registration District No. 1002 Registrar's No. 5302

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 912 West 45 St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 13 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Oklahoma (b) County ~~J#####~~ 999
(c) City or town Clairmoore 37
(If outside city or town limits, write "RURAL")
(d) Street No. Rural 2
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Melville Witherspoon
3. (b) If veteran, name war no
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 Josephine Witherspoon
6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased Jan 13 1876 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
71	11	0	hr. min.

9. Birthplace Indiana (City, town, or county) (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER
12. Name George Witherspoon
13. Birthplace Ind. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Charlotte Loney
15. Birthplace Ohio (City, town, or county) (State or foreign country)
16. (a) Informant Belle Morche
(b) Address Bonner Springs Kas
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 16 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Moriah Cem.
18. (a) Signature of funeral director Mrs C.L. Forster
(b) Address 918 Brooklyn
19. (a) 12-16-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 13
year 1947 hour 6 minute 45 P. M.
21. I hereby certify that I attended the deceased from Coroner, 19..., to ..., 19...;
that I last saw h... alive on ..., 19...;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary sclerosis	
Due to Arterio sclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 93	
Of autopsy no History & Inspection	

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 3
23. Signature [signature] (M. D. or other)
Address 14 [illegible] Date signed 12-15-47

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 Jerry A. Minor, Registered Apprentice No. 431, working under my personal supervision.

Signed Joe B. Yoder

Licensed Embalmer No. 4173

P. O. Address 918 Brooklyn KC. 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.