

No. 2  
12-45  
5-39

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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED MAR 26 1948

Registration District No. 6

Primary Registration District No. 3001

Registrar's No. 9

1. PLACE OF DEATH:

(a) County Audrain

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

(c) Name of hospital or institution:  
1009 Booker  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community 6 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Audrain

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

(d) Street No. 1009 Booker  
(If rural, give location)

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

3. (a) PRINT FULL NAME Carl Lee Whitehead

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. 497-09-6208

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 13  
year 1948 hour 1 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from July 1947  
19\_\_\_\_ to March 1948 19\_\_\_\_  
that I last saw him alive on March 12 19\_\_\_\_  
and that death occurred on the date and hour stated above.

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

6. (b) Name of husband or wife Gertrude Whitehead 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased March 17 1900  
(Month) (Day) (Year)

Immediate cause of death \_\_\_\_\_

Pulmonary Tuberculosis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day

47 11 25 hr. \_\_\_\_\_ min.

Major findings: \_\_\_\_\_  
Of operations 13B

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

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

10. Usual occupation Brickyarder

11. Industry or business HARISON WALKER REFRACTORIES

12. Name Eppie Whitehead

13. Birthplace Lincoln Co. Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Hanna Richard

15. Birthplace Lincoln Co. Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant OPHELIA CASON  
(b) Address LOUISIANA, MO.

17. (a) Burial (b) Date thereof Mar. 15, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Vandalia, Missouri

18. (a) Signature of funeral director W. S. Waters  
(b) Address Vandalia, Mo.

19. (a) 3/15/48 (b) Malle Fugate  
(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) (a) Means of injury \_\_\_\_\_

23. Signature H. H. Blaud (M. D. or P. M.)  
Address Vandalia Mo Date signed 3/15/48

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD  
LAST DAY WORKED 3/19/47

MOTHER FATHER

406 F 1948

RECEIVED

District Health Officer No. 10

District File Number 3-48-570

Date Filed: MAR 24 1948

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 William B. Waters

Licensed Embalmer No. 4169

P. O. Address Vandalia 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.