

FILED JUN 21 1948
Registration District No. 164

Primary Registration District No. 3032

1. PLACE OF DEATH:

(a) County... **Johnson County**

(b) City or town... **Warrensburg, Missouri**
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution.....
(Specify whether)

In this community... **Life**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State... **Missouri** (b) County... **Johnson**

(c) City or town... **Warrensburg**
(If outside city or town limits, write "RURAL")

(d) Street No... **206 South Washington**
(If rural, give location)

(e) Citizen of foreign country? **NO** (Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME **Henry Park Whitehead**

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... **Mary Ann Whitehead**

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

7. Birth date of deceased... **October 12th, 1867**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	80	7	25hr.min.

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

10. Usual occupation... **Farmer**

MOTHER FATHER

11. Industry or business.....

12. Name... **Charles Franklin Whitehead**

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

14. Maiden name... **Ann E. Unknown**

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

16. (a) Informant... **Mr. H.E. Whitehead**
(b) Address... **Warrensburg, Mo.**

17. (a) **Burial** (b) Date thereof... **6-9-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation... **Liberty Cemetery**

18. (a) Signature of funeral director... *R.A. Brauning*
(b) Address... **Warrensburg, Mo.**

19. (a) **June 12, 1948** (b) *Sarannah Christy*
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month... **June** day... **7th**
year... **1948** hour... **9 P.M.** minute... .. M.

21. I hereby certify that I attended the deceased from... **June 1**
19... **48** to... **June 7th** 19... **48**;
that I last saw him... alive on... **June 7, 1948** 19...;
and that death occurred on the date and hour stated above.

Immediate cause of death... **Cerebral hemorrhage (week)**

Due to.....

Due to... *B. J. C.*

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

Major findings:
Of operations.....

Of autopsy.....

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... (a) Means of injury... **0**

Signature... *Phoebe Cooper* (M. D.)

Address... **Warrensburg, Mo.** Date signed... **6-9-48**

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

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

W. W. Banninger

Licensed Embalmer No. 3377

P. O. Address Warrensburg, 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.