

3008  
0-47  
7-39  
3906

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

FILED JUN 16 1948  
Registration District No. 383

Primary Registration District No. 3027

Registrar's No. 75

1. PLACE OF DEATH:

(a) County Lawrence

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

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

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether years, months or days) 3 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence

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

(d) Street No. \_\_\_\_\_ (If rural, give location)

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME William Eber Whittenburg

3. (b) If veteran, name war World War I

3. (c) Social Security No. \_\_\_\_\_

4. Sex M 5. Color or race W

6. (a) Single, widowed, married, divorced \_\_\_\_\_

6. (b) Name of husband or wife Gertrude Whittenburg

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased August 25 1895  
(Month) (Day) (Year)

8. AGE: Years 52 Months 10 Days 6

If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Farming

11. Industry or business \_\_\_\_\_

12. Name Robert Y. Whittenburg

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

14. Maiden name Mary C. Reese

15. Birthplace Jackson County Indiana  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Gertrude Whittenburg

(b) Address Mt Vernon, Mo.

17. (a) Burial (b) Date thereof June-2-1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Brick Church Cemetery

18. (a) Signature of funeral director Max L. Josselt

(b) Address Mt Vernon, Mo.

19. (a) 6-13-48 (b) Cecil Kendrick  
(Date received local registrar) (Registra's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 31st year 1948 hour 10 minute 30 P M.

21. I hereby certify that I attended the deceased from Dec 4, 1947, to May 30, 1948, that I last saw him alive on May 30, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic nephritis

Due to Atherosclerosis

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

Other conditions (Include pregnancy within 3 months of death) 1310

Major findings: P.A. Holmes

Of operations \_\_\_\_\_

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

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) (c) Means of injury U

23. Signature P.A. Holmes (M. D. or other)

Address Mt Vernon Mo Date signed 6-2-48

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 6;

District File Number 648-695

Date Filed JUN 15 1948

AUG 24 1948

75021NR

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.....

..... *By me* ....., Registered Apprentice No.....

working under my personal supervision.

Signed *Max L. Fossett*

Licensed Embalmer No. *4252*

P. O. Address *Mt Vernon, 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.