

FILED AUG 5 1948
Registration District No. 197

Primary Registration District No. 3023

State File No.

Registrar's No. 161

1. PLACE OF DEATH:

(a) County Henry
 (b) City or town Clinton
 (c) Name of hospital or institution: General Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 14 hrs
 (Specify whether
 In this community Life
 years, months or days)

3. (a) PRINT FULL NAME EGRE, EDWARD, WITHERSPOON3. (b) If veteran, name war 0 3. (c) Social Security No. 0

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Birdie Witherspoon 6. (c) Age of husband or wife if alive 79 years
 7. Birth date of deceased April 20 1869
 (Month) (Day) (Year)

8. AGE: Years 79 Months 3 Days 11 If less than one day
 hr. min.

9. Birthplace Henry Co Mo
(City, town, or county) (State or foreign country)10. Usual occupation Farmer

11. Industry or business

12. Name Alex Witherspoon
 13. Birthplace Henry Co Mo
 (City, town, or county) (State or foreign country)
 14. Maiden name Ravenna Garland
 15. Birthplace Henry Co Mo
 (City, town, or county) (State or foreign country)

16. (a) Informant Rowena Witherspoon
 (b) Address Brownington Mo
 17. (a) Burial (b) Date thereof 8-1-48
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Highland Cem

18. (a) Signature of funeral director Carroll Peck
 (b) Address Clinton Mo
 19. (a) 7-31-48 (b) R. R. Kenney
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry 42
 (c) City or town Rural, Bethlehem Tp 0
 (If outside city or town limits, write "RURAL")
 (d) Street No. RFD Brownington 0
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? Native Born years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 31
 year 1948 hour 2 minute A M.

21. I hereby certify that I attended the deceased from Many years
 / 19 to 7/31/48, 1948
 that I last saw him alive on 7/31/48, 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Edema
Uraemia

Cardio-Vascular-Renal Disease
~~Due to~~ Epileptiform Convulsions
~~Due to~~ Fell in stable and was kicked
by a horse Rib Fracture
and Concussion of Brain.

Other conditions None
 (Include pregnancy within 3 months of death)

Major findings:

Of operations 0Of autopsy 10

Duration

PHYSICIAN

Underline
 the cause to
 which death
 should be
 charged sta-
 tistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident, HORSE 42
 (b) Date of occurrence 7/30/48 (Kicked by) horse
 (c) Where did injury occur In stable at home (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
Ordinary farm stable
 (Specify type of place)

While at work NO (e) Means of injury

23. Signature Ed. C. Decker (M.D. or other)
 Address Clinton, Mo. Date signed 7/31/48

RECEIVED

District Health Officer No. 7,

District File Number 2-48-881

Date Filed 8-4-88

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 R R Kenney

Licensed Embalmer No. 3099

P. O. Address Clinton Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.