

FILED JUL 27 1948

Registration District No. 310

Primary Registration District No. 3058

Registrar's No. 132

1. PLACE OF DEATH:

(a) County St. Charles
 (b) City or town St. Charles
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Joseph Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community _____ years, months or days)

3: (a) PRINT FULL NAME Thomas Tildon Whitlock

3. (b) If veteran, name war NIL 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife Selma E. (West) Whitlock, deceased 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased November 21 1871
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	76	7	27	hr. min.

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

10. Usual occupation Laborer

11. Industry or business B.M. Worful

12. Name George Whitlock

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

14. Maiden name Christina Smith

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

16. (a) Informant George Whitlock (son)

(b) Address _____

17. (a) burial (b) Date thereof July 21-48
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cemetery, St. Charles, Mo.

18. (a) Signature of funeral director H.C. Dallmeyer & Sons

(b) Address 800 N. 2nd St. Charles, Mo.

19. (a) 7-21-48 (b) Frank H. Hancetta
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Charles
 (c) City or town St. Charles
 (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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 18
 year 1948 hour 8:40 minute P. M.

21. I hereby certify that I attended the deceased from July 10th 1948 to July 18th 1948
 that I last saw him alive on July 18th 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of throat
 Duration 6 mo.

Due to _____
 Due to _____

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

Major findings: 45K
 Of operations _____

Of autopsy _____
 Underline the cause to 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? _____

While at work? _____ (Specify type of place) (c) Means of injury _____

23. Signature A Perich Schubert
 Address St Charles Mo. Date signed 7/20/48

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A TELETYPE COPY

MOTHER, FATHER

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed JUL 26 1968

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 Joseph F. Lambert
Licensed Embalmer No. 4189
P. O. Address St. Charles 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.