FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED APR 28 1949
Registration District No. 159

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 12921
Primary Registration District No. 4249
Registrar's No. 13

1. PLACE OF DEATH:
(a) County Jefferson
(b) City or town Hillsboro
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Cedar Grove nursing Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 mos. (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Madison
(c) City or town Marquand
(If outside city or town limits, write "RURAL")
(d) Street No. 1
(If rural, give location)
(e) Citizen of foreign country? (~~Yes or~~ No)
If yes, name country

3. (a) PRINT FULL NAME NEWTON F. WHITENER
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex MO
5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Nettie Boyd Whitener
6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased Sept. (Month) 25 (Day) 1861 (Year)

8. AGE: Years 87 Months 5 Days 11 If less than one day ..... hr. ..... min.

9. Birthplace Marquand (City, town, or county) MO (State or foreign country)
10. Usual occupation Farming
11. Industry or business —
FATHER
12. Name Frederick Whitener
13. Birthplace North Carolina (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Carolina Graham
15. Birthplace Marquand (City, town, or county) MO (State or foreign country)
16. (a) Informant John Smith
(b) Address Marquand MO
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-8-1949 (Month) (Day) (Year)
(c) Place: burial or cremation MARQUAND MO
18. (a) Signature of funeral director [illegible]
(b) Address Marquand MO
19. (a) 4-13-49 (Date received local registrar) (b) Kathleen Marsden (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb. day 6
year 1949 hour 9 minute — A.M.
21. I hereby certify that I attended the deceased from Aug 27, 1948 to Feb. 6, 1949; that I last saw him alive on Feb. 2, 1949; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Infirmities of old age	One year
Due to Fracture of right hip	7 months
Due to	794 X
Other conditions (Include pregnancy within 3 months of death) Fibrotic tuberculosis of left apex	? 1 or 2 yrs.

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? (e) Means of injury
23. Signature Thomas A. Donnell (M. D. or other) M.D.
Address 16 Boyd, DeSoto, MO Date signed 2-11-49

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

WHITE PAIRLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
District Health Officer No. 9
District File Number APR 25 1945
Date Filed

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 Edward G. Lehmann Jr

Licensed Embalmer No. 4567

P. O. Address Fredericktown, P

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.