DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 28 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1003

State File No. 39931

Registration District No. 318

Primary Registration District No.

Registrar's No. 10911

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: Missouri Baptist 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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Crawford

(c) City or town Bourbon (If outside city or town limits, write "RURAL") R.R.

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

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

If yes, name country

3. (a) PRINT FULL NAME William Porter Whitlock

3. (b) If veteran, name war Nil

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

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

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased November (Month) 8 (Day) 1877 (Year)

8. AGE: Years 68 Months 1 Days 6 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

FATHER

12. Name Porter Whitlock

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

MOTHER

14. Maiden name Unknown Ross

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

16. (a) Informant Mrs. Gertrude Whitlock

(b) Address Bourbon, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-16-45 (Month) (Day) (Year)

(c) Place: burial or cremation Springfield, Mo.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) DEC 14 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 14 year 1945 hour 9 minute 10 A.M.

21. I hereby certify that I attended the deceased from 12-6-45 to 12-14-45 that I last saw h— alive on 12-14-45 19... and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma Sigmoid	
Due to Fibrosis colon	
Due to Obstruction	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy None taken	

PHYSICIAN

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature R. K. Cardwell (M. D. or other)

Address 4936 Maryland Date signed 12-15-45

(Licensed Embalmer's Statement on Reverse Side)

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 John W Ogonoski

Licensed Embalmer No. 3398

P. O. Address.....

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

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