

RECD MAY 18 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

15007
Do not use this space.

1. PLACE OF DEATH

(a) County Howard Registration District No. 380
 (b) Township Franklin Primary Registration District No. 5530 Registered No. 12
 (c) City (d) Street No. St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

William D. Wilhite
 (a) Residence, No. New Franklin Mo. 81 (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ruby Wilhite
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 26 - 1872
 7. AGE YEARS 66 MONTHS 8 DAYS 10 If LESS than 1 day, hrs. or min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) 1937 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boone Co. Mo
 FATHER 13. NAME James F. Wilhite
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known
 MOTHER 15. MAIDEN NAME Mary Hughes
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

17. INFORMANT (ADDRESS) Mrs James Kowen New Franklin Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Sulphur Springs DATE April 14, 1939
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) A. S. Allnear New Franklin, Mo.
 20. FILED 4-18- 19 39 Clara V. Landrum Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 14 1939
 22. I HEREBY CERTIFY, That I attended deceased from 4/21, 1939, to 4/14, 1939
 I last saw him alive on 4/12/39 1939 Death is said to have occurred on the date stated above, at 5:00 p.m.
 The principal cause of death and related causes of importance were as follows:

Chronic interstitial Nephritis Date of onset
Heart - Block.
Arterio-sclerosis
 Other contributory causes of importance:

Name of operation None Date of
 What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? No Date of injury 19.....
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
 Nature of injury
 24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify
 (Signed) M. S. M. Quinn, M. D.
889 (Address) Boonville Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50M-1-35 I XI-4023

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 8/10/39

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. L. Hall*

Licensed Embalmer No. *3515*

P. O. Address *New Franklin, W.*

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, above space should be left blank.