

87 AUG 16 1939

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

25409
Do not use this space.

1. PLACE OF DEATH

(a) County Clinton Registration District No. 204
(b) Township Shoal Primary Registration District No. 3013 Registered No. 34
(c) City Cameron (d) Street No. 412 West 5th St. 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

326 Henry Galen Whitchurch
(a) Residence, No. 412 West 5th St. St. (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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ina Flanders Whitchurch

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 25, 1875

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
63 10 28

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
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)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Maysville, Mo.
(STATE OR COUNTRY)

FATHER 13. NAME Sylvester M. Whitchurch
14. BIRTHPLACE (CITY OR TOWN) Bellville, Ill.
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Sarah M. Koch
16. BIRTHPLACE (CITY OR TOWN) Bellville, Ill.
(STATE OR COUNTRY)

17. INFORMANT Mrs. Bernice Scurlock
(ADDRESS) Cameron, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Maysville, Mo. DATE July 22, 1939

19. FUNERAL DIRECTOR O. A. Moore,
(ADDRESS) Cameron, Mo.

20. FILED July 21, 1939 W. H. H. H. H.
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JUL 21 1939

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1939 to July 21, 1939
I last saw him alive on July 21, 1939. Death is said to have occurred on the date stated above, at 12:00 P.M.
The principal cause of death and related causes of importance were as follows:
Cancer of Cecum
Date of onset

Other contributory causes of importance: None

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ 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.

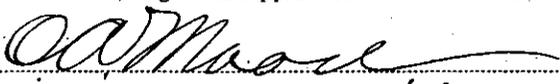
Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) W. H. H. H., M. D.
Cameron Mo
185 (Address)

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.

RECEIVED
District Health Officer No. 11;
District File Number 839-1011
Date Filed AUG 9 1939

STATEMENT BY LICENSED EMBALMER

I, O. A. Moore....., Licensed Embalmer No. 1180
hereby certify that the body recorded on the reverse side of this certificate was embalmed by O. A. Moore
.....
..... L. E.
No. or by Registered Apprentice No.
working under my personal supervision.
Signed .....
..... Licensed Embalmer No. 1180

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.)