

DEC 15 1939

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

39651

Do not use this space.

1. PLACE OF DEATH **GREENE**
 (a) County..... Registration District No. **315**
 (b) Township..... Primary Registration District No. **2001**
 or **SPRINGFIELD**
 (c) City..... (d) Street No. **744 S. Pickwick** 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 **66** yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **George Willard Whitehead**
 (a) Residence, No. **744 S. Pickwick Ave** 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 **Mrs. Myrtle Whitehead**
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Sept 15-1873**
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
66 2 21

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. **Retail Paint**
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation **40 yr**

12. BIRTHPLACE (CITY OR TOWN) **Springfield**
 (STATE OR COUNTRY) **Missouri**

FATHER
 13. NAME **Marcellus Whitehead**

14. BIRTHPLACE (CITY OR TOWN) **Canada**
 (STATE OR COUNTRY)

MOTHER
 15. MAIDEN NAME **Anne Feeley**

16. BIRTHPLACE (CITY OR TOWN) **Springfield**
 (STATE OR COUNTRY) **Missouri**

17. INFORMANT **Mrs. Myrtle Whitehead**
 (ADDRESS) **744 S. Pickwick**

18. BURIAL, CREMATION, OR REMOVAL
 PLACE **Hazelwood** DATE **Dec. 8 1939**

19. FUNERAL DIRECTOR (NAME) **Herman Lohmeyer**
 (ADDRESS) **Springfield Mo.**

20. FILED **Dec 8, 1939** **Chas. A. George** Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Dec. 6 - 1939**

22. I HEREBY CERTIFY, That I attended deceased from **Nov. 25**, 1939, to **Dec. 6**, 1939
 I last saw him alive on **Dec. 6**, 1939 Death is said to have occurred on the date stated above, at **2pm** m.
 The principal cause of death and related causes of importance were as follows:

Ch. Hypertensive Cardiovascular-renal disease
 Date of onset **?**

Other contributory causes of importance:
Ch. interstitial nephritis? Mitral stenosis?

Name of operation **Chimed** 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? **no**
 If so, specify **Arthur O. Knapp**, M. D.
 (Signed) **Arthur O. Knapp**, M. D. (Address) **400 E. Coul St.**

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 Walter E. Hamilton

Licensed Embalmer No. 3808

P. O. Address Springfield, Mo.

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

If this body is not embalmed, above space should be left blank.

X