DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

12548

State File No.

FILED APR 1 1940

Registration District No. 798

Primary Registration District No. 6042

Registrar's No.

1. PLACE OF DEATH:

(a) County: Saline

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

(c) Name of hospital or institution: at home - Rural Route 42 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 (Specify whether years, months or days) In this community 5 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Saline

(c) City or town: Rural (If outside city or town limits, write "RURAL")

(d) Street No.: Blackwater Township (If rural, give location)

(e) If foreign born, how long in U. S. A.? — years.

3. (a) PRINT FULL NAME: DANIAS WEBSTER WILHITE

3. (b) If veteran, name war: —

3. (c) Social Security No.: Pension 97-186

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Bachlor

6. (b) Name of husband or wife: —

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

7. Birth date of decessed: Feburary (Month) 11 (Day) 1866 (Year)

8. AGE: Years 74 Months 0 Days 22 If less than one day — hr. — min.

9. Birthplace: Rural (City, town, or county) Indiana (State or foreign country)

10. Usual occupation: Laborer

11. Industry or business: —

FATHER 12. Name: Napoleon S Wilhite

FATHER 13. Birthplace: Kentuckey (City, town, or county) (State or foreign country)

MOTHER 14. Maiden name: Susan Henderson

MOTHER 15. Birthplace: Rural (City, town, or county) Indiana (State or foreign country)

16. (a) Informant's own signature: Eliza Wilhite

(b) Address: Sweet Springs Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: March 6 1940 (Month) (Day) (Year)

(c) Place: burial or cremation: Hazel Grove

18. (a) Signature of funeral director: Jesse Harvey

(b) Address: Sweet Springs Mo

19. (a) Mar 8 1940 (Date received local registrar) (b) O. R. Chenwell (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 4 year 40 hour 4 minute 30 M.

21. I hereby certify that I attended the deceased from Oct 1 1939 to Mar 4 1940 that I last saw him alive on Feb 1 1940 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Lobar Pneumonia	10 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death): no	

Major findings: Of operations: no

Of autopsy:

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: [illegible] (M. D. or other)

Address: Marshall Date signed 3/5/40

(Licensed Embalmer's Statement on Reverse Side)

WHITE PAPER—USE ONLY BLACK INK—MAKE 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.

I X19511

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.....

Licensed Embalmer No.....

P. O. Address.....

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.