

No. 2  
13-40  
17-39  
X231

APR 10 1941 318

Registration District No. \_\_\_\_\_

Primary Registration District No. 5439

1. PLACE OF DEATH:  
 (a) County GREENE  
 (b) City or town Springfield *N. Campbell*  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Route # 1  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
 In this community 11 Years  
years, months or days

3. (a) PRINT FULL NAME Felicia C. Whitlege  
 3. (b) If veteran, name war no  
 3. (c) Social Security No. no

4. Sex Female 5. Color or race White  
 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife W.H. Whitlege  
 6. (c) Age of husband or wife if alive Dec. years

7. Birth date of deceased July Unknown 1854  
(Month) (Day) (Year)

8. AGE: Years 86 Months 8 Days Unknown If less than one day \_\_\_\_\_ min.  
inf.

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

10. Usual occupation Home

11. Industry or business \_\_\_\_\_

12. Name Henry Jamison

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

14. Maiden name Mary Bland

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

16. (a) Informant M.J. Keach

(b) Address Springfield, Mo.

17. (a) Removal (b) Date thereof March 13 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Vandalia, Missouri

18. (a) Signature of funeral director H.H. Lohmeyer

(b) Address Springfield, Mo.

19. (a) 3-13-41 (b) W.E. Haudley MD  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Greene 39  
 (c) City or town Springfield  
(If outside city or town limits, write "RURAL")  
 (d) Street No. Route # 1  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 12  
 year 1941 hour 4 minute 35 p. M.

21. I hereby certify that I attended the deceased from March 1, 1941 to March 12, 1941  
 that I last saw h. er alive on March 12, 1941  
 and that death occurred on the date and hour stated above.

Immediate cause of death Artery Sclerotic Heart Disease

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions None  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Max Fitch (M. D. or other) Ch. D.

Address Springfield Mo Date signed 3/13/41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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. Hamiller*

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 comply with the above constitutes grounds for revocation of license.)**

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