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

FILED JUL 10 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 21500

Registration District No. 218 Primary Registration District No. 4131 Registrar's No. 75

1. PLACE OF DEATH:

(a) County Cooper

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

(c) Name of hospital or institution: — (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution — (Specify whether In this community 67 Years. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cooper 27

(c) City or town Blackwater (If outside city or town limits, write "RURAL") 0

(d) Street No. (If rural, give location) 0

(e) Citizen of foreign country? No (Yes or No)

If yes, name country — 0

3. (a) PRINT FULL NAME John N. Whitlow.

3. (b) If veteran, name war — 3. (c) Social Security No. —

4. Sex Male (C) 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ada Gorrell Whitlow 6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased April (Month) 4" (Day) 1867 (Year)

8. AGE:	Years	Months	Days	If less than one day
	74	2	22	hr. min.

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

10. Usual occupation Farmer.

11. Industry or business —

FATHER
12. Name James A. Whitlow
13. Birthplace Kentucky (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Martha L. Pedigo
15. Birthplace Virginia. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. John N. Whitlow.
(b) Address Blackwater, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 28"/41 (Month) (Day) (Year)
(c) Place: burial or cremation Old Lamine Cem.

18. (a) Signature of funeral director Goodman & Boller
(b) Address Boonville, Mo.

19. (a) 6-30-41 (Date received local registrar) (b) D. E. Cooper (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 28" year 1941 hour 3 minute 10 P.M.

21. I hereby certify that I attended the deceased from June 19 1941, to June 26 1941; that I last saw him alive on June 26 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis — Duration

Due to Bronchopneumonia

Due to

Other conditions (Include pregnancy within 3 months of death) 93 H

Major findings:
Of operations
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 Dr. J. W. Hurst (M. D. or other) D.O.
Address Blackwater Mo Date signed 6-28-41

(Licensed Embalmer's Statement on Reverse Side)

SEP 10 1947

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 J. H. Goodman

Licensed Embalmer No. 1178

P. O. Address Boonville, Mo

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

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