

FILED FEB 11 1942

Registration District No. 784

Primary Registration District No. J70

Registrar's No. 232

96  
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Jefferson Barracks  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Post Hosp. 0  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME

Raymond G. Whitwell

3. (b) If veteran, name war 90

3. (c) Social Security No. 499 03-1005

4. Sex Male  
5. Color or race M

6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Myrtle

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased Nov 27 1891  
(Month) (Day) (Year)

8. AGE: Years 50 Months 2 Days 1  
If less than one day hr. min.

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

10. Usual occupation W.P.A. Employee

MOTHER FATHER

11. Industry or business \_\_\_\_\_  
12. Name Andrew J. Whitwell

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

14. Maiden name unknown

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

16. (a) Informant Nathryn Stelson

(b) Address 4039 N. Market

17. (a) Burial (b) Date thereof Jan 30, 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Doniphan Mo.

18. (a) Signature of funeral director W. W. Clark

(b) Address 1125 Holliday Ave

19. (a) JAN 29 1942 (b) E. McNamee  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. 96  
(c) City or town Pen. down 0  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4716 Willow 0  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 28  
year 1942 hour 11:25 minute A M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_;

that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;

and that death occurred on the date and hour stated above.  
Immediate cause of death Natural causes. Duration \_\_\_\_\_

Due to Chronic Myocarditis; Arteriosclerosis

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

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

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

Of autopsy Yes

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? \_\_\_\_\_

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

(f) Manner of injury 3

23. Signature Louis H. Baylour (Physician or other)

Address Kirkwood, Mo. Date signed 1/29/42

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**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

*John M. Meyer*

Licensed Embalmer No.

*3285*

P. O. Address

*Kirkwood, 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.**