

FILED JAN - 8 1947

Primary Registration District No. 3008

Registrar's No. 980

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

1. PLACE OF DEATH:

(a) County Callaway
(b) City or town Fulton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
306 West Seventh
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 49 years
years, months or days)

3. (a) PRINT FULL NAME WILLIAM BREWER WHITLOW

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Laura Whitlow 6. (c) Age of husband or wife if alive 50 years
7. Birth date of deceased May 6 1893
(Month) (Day) (Year)

8. AGE: Years 49 Months 7 Days 4 If less than one day _____ hr. _____ min.

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

10. Usual occupation Attorney

11. Industry or business Lawyer

MOTHER, FATHER { 12. Name W. A. Whitlow
13. Birthplace Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Caroline Schmidt
15. Birthplace Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Wm Whitlow Jr
(b) Address 306 W. Seventh, Fulton, Mo.

17. (a) Burial (b) Date thereof 12/12/42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Hillcrest, Fulton, Mo.

18. (a) Signature of funeral director Les G. Wallace
(b) Address Fulton, Mo.

19. (a) 12-12-42 (b) Josie Mosenhoff
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway 14
(c) City or town Fulton 1
(If outside city or town limits, write "RURAL")
(d) Street No. 306 West Seventh 2
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 10
year 1942 hour 9 minute P M.

21. I hereby certify that I attended the deceased from Jan 1st, 1940, to Dec 10th, 1942,
that I last saw him alive on Dec 10th, 1942,
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Embolus

Due to Arterio sclerosis

Due to Hypertension

Other conditions 11a
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

Duration

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) _____
Means of injury _____

23. Signature Benjamin B. Bledsoe (M. D. or other) 0
Address 607 Court Fulton Mo Date signed 12-11-42

JAN 8 1943

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, Ed
....., Registered Apprentice No.
working under my personal supervision.

Signed Albert E. White
Licensed Embalmer No. 4168
P. O. Address Fulton, 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.