DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 28 1942

Registration District No. _____

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41364

Primary Registration District No. 3044

Registrar's No. 61

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

1. PLACE OF DEATH:
(a) County: Miller
(b) City or town: Eldon
(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 years, months or days)
In this community _____

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

3. (a) PRINT FULL NAME: William Wesley Whitlock
3. (b) If veteran, name war: no
3. (c) Social Security No. _____
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Rosa Whitlock
6. (c) Age of husband or wife if alive: 42 years
7. Birth date of deceased: January (Month) 1 (Day) 1906 (Year)

8. AGE: Years	Months	Days	If less than one day
36	11	17	____ hr. ____ min.

9. Birthplace: Eldon (City, town, or county) Missouri (State or foreign country) 0
10. Usual occupation: Carpenter
11. Industry or business _____
12. FATHER Name: Lee Whitlock
13. FATHER Birthplace: (City, town, or country) Iowa (State or foreign country) /
14. MOTHER Maiden name: Mary M. Chaney
15. MOTHER Birthplace: (City, town, or county) Iowa (State or foreign country) /
16. (a) Informant: Lee Whitlock
(b) Address: Eldon, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12-19-1942 (Month) (Day) (Year)
(c) Place: burial or cremation: Eldon Cemetery
18. (a) Signature of funeral director: Phillips Funeral Home
(b) Address: Eldon, Missouri
19. (a) 12-19-42 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 18 year 1942 hour 4 minute 20 A. M.
21. I hereby certify that I attended the deceased from December 8 1942 to December 18 1942 that I last saw him alive on December 16 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cardiac FAILURE	
Due to: acute nephritis	1 mo.
Due to:	
Other conditions (Include pregnancy within 3 months of death)	

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: A. F. Berkstresser (M. D. or other) DO
Address: Eldon Mo Date signed: 12-18-42

1114 (Licensed Embalmer's Statement on Reverse Side)

DEC 29 1964

DEC 28 1964

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 Louis D. Phillips, Registered Apprentice No. _____, working under my personal supervision.

Signed Louis D. Phillips

Licensed Embalmer No. 3663

P. O. Address Eldon

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.

S. No. 2B
M—8-21-41
I X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41364

Registration District No. 212 Primary Registration District No. 3044 Registrar's No. 61

SUPPLEMENTARY

1. PLACE OF DEATH:

(a) County Mitter

(b) City or town Elder
(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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

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

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

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

If yes, name country

3. (a) PRINT FULL NAME William W. Whitlock

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Jan 1 (Month) (Day) 1942 (Year)

8. AGE: Years 36 Months 11 Days If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

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

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

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 18
year 1942 hour minute 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 Cardiac failure

Due to occute nephritis Mag. following Chronic Nephritis

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

131 P

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)

(b) 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 A F Berkstrasser (M. D. or other) D.O.

Address Date signed