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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 22 1943

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31901
State File No. _____
Registrar's No. 176

Registration District No. 157

Primary Registration District No. 3028

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Carthage
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
McCune-Brooks Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 22 days 0
(Specify whether
In this community 48 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 049
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Route 3, Carthage
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country - - -

3. (a) PRINT FULL NAME Floyd Vance Whitehead

3. (b) If veteran, name war World War I 3. (c) Social Security No. 490-10-0598

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Butice Whitehead 6. (c) Age of husband or wife if alive 34 years

7. Birth date of deceased June 22 1895
(Month) (Day) (Year)

8. AGE: Years 48 Months 2 Days 19 If less than one day hr. min.

9. Birthplace Jasper County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Employee
11. Industry or business Carthage Marble Corporation

MOTHER FATHER { 12. Name John A. Whitehead

13. Birthplace Jasper County Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Crum

15. Birthplace Jasper County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Butice Whitehead
(b) Address Route 3, Carthage, Missouri

17. (a) Burial (b) Date thereof Sept. 14, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Emanuel Cemetery
Knell Mortuary

18. (a) Signature of funeral director
(b) Address Carthage, Missouri

19. (a) Sept. 14/43 (b) Elizabeth Couplin
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 11 year 1943 hour 11 minute 25 P.M.

21. I hereby certify that I attended the deceased from Aug 9 - 1943 to Sept 11 1943 that I last saw h. m. alive on Sept 11 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma, Larynx + oesophagus

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations: As above - Operated Oct 28, 1942, Hines Hosp. Ill. Of autopsy _____

Duration

2 years

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) (e) Means of injury _____

23. Signature Floyd Blinton (M. D. or other) M.D. Address Carthage, Mo. Date signed 11/13/43

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

43-9-778

NOV 24 1943

SEP 22 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, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....
Emm L. Kuehl

Licensed Embalmer No. 391

P. O. Address.....
Carthage

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.