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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 13 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

34423

State File No.

Registration District No. 61 Primary Registration District No. 3 5236 Registrar's No. 54

1. PLACE OF DEATH:

(a) County Cedar

(b) City or town Rural — Box Township
(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 Missouri (b) County Cedar 20

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

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

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

If yes, name country —

3. (a) PRINT FULL NAME Lilburn C Whitesell

3. (b) If veteran, name war —

3. (c) Social Security No. none

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Jan (Month) 23 (Day) 1926 (Year)

8. AGE: Years 17 Months 8 Days 9 If less than one day hr. min.

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

10. Usual occupation In School

11. Industry or business

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

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

16. (a) Informant Claud Whitesell
(b) Address R.2 El Dorado Springs Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/4/43 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ Virgil City Oct 4 1943

18. (a) Signature of funeral director Gwinn Sidees
(b) Address El Dorado Springs Mo

19. (a) 10/4/43 (Date received local registrar) (b) L L Dunaway (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 2 year 1943 hour 4 minute 30 P. M.

21. I hereby certify that I attended the deceased from Sept 8th 1943 to Oct 2 1943 that I last saw him alive on Sept 30 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Addisons Disease	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

65a

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 C H Sunderwirth DO (M. D. or other)

Address El Dorado Spgs Date signed 10-4-43

1046

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7
District File Number 10-43-1267
Date Filed 11-12-43

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 O B Siders

Licensed Embalmer No. 3250

P. O. Address El Dorado Springs

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

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