

No. 2
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17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED MAR 21 1944 39

Primary Registration District No. 4050

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Boone

(b) City or town Harrisburg
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Route 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 52 Years (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone

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

(d) Street No. Route 1 (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ESTIL LEE WILHITE

3. (b) If veteran, name war None

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 7
year 1944 hour 6:15 minute _____ P. M.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Josephine Wilhite

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

7. Birth date of deceased: 1 - 10 - 1892
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____
that I last saw him _____ alive on _____ 19____
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

52 1 27 hr. _____ min.

Immediate cause of death: Head Injury (Myocarditis) Coronary

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

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

10. Usual occupation Farmer

Major findings: 9321

Of operations _____

Of autopsy none

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

MOTHER FATHER

12. Name Robert Lee Wilhite

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

14. Maiden name Katie B. Mead (State or foreign country)

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

16. (a) Informant Earl Wilhite

(b) Address Columbia, Mo.

17. (a) Burial (b) Date thereof 3-9-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bethlehem

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? _____

18. (a) Signature of funeral director Carver Funeral Service

(b) Address Columbia, Mo.

19. (a) March 17, 1944 (b) Mrs. Anna Deane
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(c) Means of injury _____

23. Signature Anna Deane (Seal or initials)
Address Columbia, Mo. Date signed 3/17/44

8688

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

RECEIVED
MAR 28 1951

RECEIVED

District Health Officer No. 9,

District File Number _____

Date Filed 3-22-44

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 M. S. Pitman

Licensed Embalmer No. 3893

P. O. Address Columbia

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.