

Registration District No. 275

Primary Registration District No. 4409

1. PLACE OF DEATH:

(a) County Phelps

(b) City or town Newburg

(c) Name of hospital or institution: _____
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community _____
years, months or days 10 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Phelps

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

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

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

3. (a) PRINT FULL NAME Robert S. Whiteside

3. (b) If veteran, name war #1 World

3. (c) Social Security No. _____

20. DATE OF DEATH: Month Jan day 4
year 1945 hour 8:30 minute 0 M.

4. Sex Male

5. Color or race white

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

6. (b) Name of husband or wife Geneva Whiteside

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased: Jan 1 1889
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 4 1945 to Jan 4 1945
that I last saw him alive on Jan 4 1945
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>56</u>	<u>0</u>	<u>3</u>	hr. _____ min. _____

Immediate cause of death: Cardiac Embolus

Due to: Hypertension

Due to: _____

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

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

Major findings: 942

Of operations: _____

Of autopsy: _____

10. Usual occupation R.R. Engineer

11. Industry or business _____

MOTHER { 12. Name James D. Whiteside

13. Birthplace Waterloo Ill
(City, town, or county) (State or foreign country)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

MOTHER { 14. Maiden name Mary S. Martin

15. Birthplace Sullivan MO
(City, town, or county) (State or foreign country)

16. (a) Informant Geneva Whiteside

(b) Address Sullivan MO

17. (a) Springfield MO (b) Date thereof Jan 8 1945
(Date of removal) (Month) (Day) (Year)

(c) Place: Springfield MO

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 Lee Johnson

(b) Address Newburg MO

19. (a) 1-5-1945 (b) John G. Hall
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) (e) Means of injury 5

23. Signature R. Brewer (M. D. or other) _____

Address Newburg MO Date signed 1-5-45

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

EB 20 1913

FEB 8 1913

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 Lee Johnson
Licensed Embalmer No. 3392
P. O. Address Newburg 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.