

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 7 1946 STANDARD CERTIFICATE OF DEATH

State File No. **17170**
Registrar's No. **1**

Registration District No. **171** Primary Registration District No. **5638**

1. PLACE OF DEATH:
(a) County **Lafayette**
(b) City or town **Bates City (Rural)**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **4 mi South West 1**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **32 yrs** (Specify whether years, months or days)
In this community **32 yrs**

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Lafayette**
(c) City or town **Bates City (Rural)**
(If outside city or town limits, write "RURAL")
(d) Street No. **4 mi. South West**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **Siméon Willhite**
(b) If veteran, name war **—**
(c) Social Security No. **—**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **April** day **25** year **1946** hour **1 A.M.** minute **?** **Found dead** M.
21. I hereby certify that I attended the deceased from **called** as a **acting coroner**, 19 **—**, 19 **—**; that I last saw him **alive** on **—**, 19 **—**; and that death occurred on the date and hour stated above.

4. Sex **MO** 5. Color or race **W**
6. (a) Single, widowed, married, divorced **widow**
(b) Name of husband or wife **Suzan**
(c) Age of husband or wife if alive **11** years **1868**
(Month) (Day) (Year)

Immediate cause of death **Coronary Artery**
Infarct cause death
Due to **Senility & arteriosclerosis**
Due to **—**

8. AGE: Years Months Days If less than one day
77 **10** **14** hr. min.

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations **no operation**
Of autopsy **no autopsy**
Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

10. Usual occupation **Retired Farmer**

11. Industry or business **Retired Farmer**

12. Name **Nathan Willhite**

13. Birthplace **Barry** (City, town, or county) **MO** (State or foreign country)

14. Maiden name **Margaret Elliott**

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

16. (a) Informant **Mrs Mabel Willhite**
(b) Address **Bates City MO**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **4-27-46** (Month) (Day) (Year)
(c) Place: burial or cremation **Oak Grove MO**

18. (c) Signature of funeral director **Mrs I B Willhite**
(b) Address **Oak Grove MO**

19. (a) **June 1, 1946** (Date received local registrar) (b) **Leta Harrison** (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) **no**
(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 **M. C. Martin** (M.D.)
Address **Oak Grove MO** Date signed **4-27-46**

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

10001

54
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RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 6-6-46

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 RBWbb

Licensed Embalmer No. 2353

P. O. Address Blue Springs 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.