

No. 2
4-13-40
5-17-39
-I X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

36226

State File No. _____

FILED NOV 21 1946

Registration District No. _____

Primary Registration District No. 40.59

Registrar's No. 362

1. PLACE OF DEATH: Butler
 (a) County Butler
 (b) City or town Neelyville
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution none
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution none
 (Specify whether
 In this community yes
 years, months or days) 2 days

3. (a) PRINT FULL NAME Larry Whitehead
 3. (b) If veteran, name war 7
 3. (c) Social Security No. 4

4. Sex male 5. Color or race Black
 6. (a) Single, widowed, married, divorced single
 6. (b) Name of husband or wife X 6. (c) Age of husband or wife if alive X years

7. Birth date of deceased Oct 27 - 1946
 (Month) (Day) (Year)

8. AGE: Years Months Days 2 hr. min.

9. Birthplace Neelyville Mo
 (City, town, or county) (State or foreign country)

10. Usual occupation X

11. Industry or business X

MOTHER FATHER {
 12. Name James Whitehead
 13. Birthplace Neelyville Mo
 (City, town, or county) (State or foreign country)
 14. Maiden name Alberta Anderson
 15. Birthplace Ark
 (City, town, or county) (State or foreign country)

16. (a) Informant Manda Whitehead
 (b) Address Neelyville Mo

17. (a) Burial (b) Date thereof Nov 30 1946
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Neelyville Cemetery

18. (a) Signature of funeral director Amanda Rowe

(b) Address Neelyville Mo

19. (a) 11-9-46 (b) R. M. Mueller
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County Butler
 (c) City or town Neelyville
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 29
 year 1946 hour 5 minute 09 M.

21. I hereby certify that I attended the deceased from Oct 28
 1946 to Oct 29 1946
 that I last saw him alive on Oct 29 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 108

Of autopsy _____

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 1

23. Signature J. J. Farr (M. D. or other)

Address Neelyville Mo Date signed Nov 29 46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

35

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

Local Health Office No. 2,

District File Number 1146-1343

Date Filed 11-15-46

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.....

Licensed Embalmer No.....

P. O. Address.....

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.