. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 28 1947

Registration District No. 109

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5424

State File No. 23852

Registrar's No. 16

1. PLACE OF DEATH:
(a) County Dunklin
(b) City or town Campbell
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Dunklin
(c) City or town Campbell Rural #1
(If outside city or town limits, write "RURAL")
(d) Street No. R. R. No. 1
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME Edward Whitehead
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Altha Whitehead
6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased July (Month) 25 (Day) 1883 (Year)

8. AGE: Years 63 Months 11 Days 8 If less than one day hr. min.

9. Birthplace Unknown (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Farming
11. Industry or business —
MOTHER FATHER
12. Name Bud Whitehead
13. Birthplace Unknown (City, town, or county) Alabama (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)
16. (a) Informant Bill Whitehead
(b) Address Campbell, Mo R. 1
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation Bethany
18. (a) Signature of funeral director Landers Funeral Home
(b) Address Campbell, Mo
19. (a) July 14-1947 (Date received local registrar) (b) Mrs. Beulah Campbell (Registrar's signature) 109

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 3 year 1947 hour P minute 2:00 A.M.
21. I hereby certify that I attended the deceased from June 23, 1947 to June 29, 1947 that I last saw him alive on June 29, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Myocarditis and Myocardial Degeneration — Duration: unknown
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

PHYSICIAN
Underline the cause of 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 F. O. Kelley M.D. (M.D. or other)
Address Bernie, Mo Date signed 7-8-47

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Office No. 2
District File Number 747-1014
Date Filed 7-24-47

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 Christina M. Landers

Licensed Embalmer No. 4227

P. O. Address Campbell, 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.