

FILED DEC 5 1947

Registration District No. 155

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5579

State File No. 38726

Registrar's No. 177

1. PLACE OF DEATH:

(a) County Jasper  
(b) City or town Merueral  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Jasper Co TB Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 4 months  
(Specify whether)

In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME Joseph H. Whitlock

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased March 25 1900  
(Month) (Day) (Year)

8. AGE: Years 47 Months 8 Days 0 If less than one day. \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Steeple Jack

11. Industry or business \_\_\_\_\_

12. Name Justly Whitlock

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

14. Maiden name Edda Fath

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

16. (a) Informant Records

(b) Address \_\_\_\_\_

17. (a) Burial (b) Date thereof 11/26/47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wash City Cemetery

18. (a) Signature of funeral director W. J. Jones  
(b) Address Wash City Mo

19. (a) NOV 25 1947 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48  
(c) City or town Independence 3  
(If outside city or town limits, write "RURAL")  
(d) Street No. Jackson Co Home Rte 4 2  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No) 1  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 24  
year 1947 hour 7 minute 40 A.M.

21. I hereby certify that I attended the deceased from July 23, 1947, to Nov 24, 1947;  
that I last saw him alive on Nov 23, 1947;  
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

PHYSICIAN

Underline the cause to 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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature W. J. Jones (M. D. 11/24/47)  
Address Wash City Mo Date signed 11/24/47

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

MOTHER, FATHER

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.....

*Leonard J. Lewis 2.*

Registered Apprentice No. *44*

working under my personal supervision.

Signed.....

*E. O. Hedge*

Licensed Embalmer No. *785-9*

P. O. Address.....

*W. H. Putney*

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.