S. No. 2
M—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 1601

FILED FEB 9 1948

Registration District No. 1404 — Primary Registration District No. 3032 — Registrar's No. 8

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

1. PLACE OF DEATH:
(a) County Johnson
(b) City or town Warrensburg (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Warrensburg Clinic & Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 Days (Specify whether
In this community 4 Days years, months or days)

2. USUAL RESIDENCE OF DECEASED: 51
(a) State Missouri (b) County Johnson
(c) City or town Chilhowee Rural (If outside city or town limits, write "RURAL")
(d) Street No. Rt. # 2 Chilhowee Mo. (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Lee Paul Whitfield
3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lula Grace Whitfield
6. (c) Age of husband or wife if alive 59 years
7. Birth date of deceased Sept (Month) 28 (Day) 1887 (Year)

8. AGE: Years 60 Months 3 Days 28 If less than one day hr. min.
9. Birthplace Baxter Co (City, town, or county) Ark. (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER
12. Name Lauranza D. Whitfield
13. Birthplace -- (City, town, or county) Ark. (State or foreign country)
MOTHER
14. Maiden name Josephine Barnett
15. Birthplace -- (City, town, or county) Ark. (State or foreign country)
16. (a) Informant Mrs. Lula G. Whitfield
(b) Address Rt. #2 Chilhowee Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-29-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Hill
18. (a) Signature of funeral director Sweeney Phillips
(b) Address Warrensburg Mo.
19. (a) Jan. 27, 1948 (Date received local registrar) (b) Savannah Chatterfield (Registrar's signature) 147

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan day 26 year 1948 hour 5 minute 05 A.M.
21. I hereby certify that I attended the deceased from Aug. 47, 19..., to Jan 26-48, 19...; that I last saw him alive on Jan. 26-48, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chr. myocarditis	?
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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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 R. F. McKinney (M. D. or other) MD
Address Warrensburg MO. Date signed 1-27-48

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

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 W. Jack Phillips, Registered Apprentice No. 14, working under my personal supervision.

Signed R. A. Phillips

Licensed Embalmer No. 2320

P. O. Address Warrensburg 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.