FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED APR 26 1948
Registration District No. 60

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 11829

Primary Registration District No. 5235

Registrar's No. 1

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

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cedar 20
(c) City or town Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. Benton Township 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME James Elias Willhoite
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex M O
5. Color or race W
6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife Jennie Humphrey
6. (c) Age of husband or wife if alive years
7. Birth date of deceased April (Month) 27 (Day) 1865 (Year)

8. AGE: Years 82 Months 9 Days 26 If less than one day hr. min.

9. Birthplace Vernon County (City, town, or county) Mo U (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER
12. Name Joseph Willhoite
13. Birthplace Unknown (City, town, or county) (State or foreign country) 9
MOTHER
14. Maiden name Susan Willhoite
15. Birthplace Unknown (City, town, or county) (State or foreign country) 7
16. (a) Informant Lillie Burmester
(b) Address Jerico Springs, Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 2/28/48 (Month) (Day) (Year)
(c) Place: burial or cremation Brazier Cemetery
18. (a) Signature of funeral director Beeny Funeral Home
(b) Address Sheldon, Missouri
19. (a) 2-28 (Date received local registrar) (b) Mrs Velma Ellis (Registrar's signature) 28 3

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 23 year 1948 hour 8:30 minute p. M.

21. I hereby certify that I attended the deceased from 22 Oct 1947 to FEB 23 1948; that I last saw him alive on FEB 10 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death ADENO-CARCINOMA STOMACH, FUNDUS OF (XRAY 24 OCT 1947, INOPERABLE)	1 year
Due to	
Due to	
Other conditions ARTERIOSCLEROSIS (Include pregnancy within 3 months of death) GENERALIZED.	4 yrs

Major findings:
Of operations None
Of autopsy

46B

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 Rolla B. Wray (M. D. or other) MD
Address Nevada Mo Date signed 2-24-48

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

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

RECEIVED
District Health Officer No.
District File Number 3-48-43
Date Filed 4-23-48

APR

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 L. Bernard Berry

Licensed Embalmer No. 4161

P. O. Address Sheldon Ino

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.