

Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 198

1. PLACE OF DEATH:

(a) County **Pettis**  
(b) City or town **Sedalia**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **Bothwell Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **5 Days** (Specify whether  
In this community **15 Years**  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Pettis**  
(c) City or town **Sedalia**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **650 E. 15th** (If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **THOMAS RICHARD WHIDBEE**

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

4. Sex **M** 5. Color or race **W** 6. (g) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Edith** 6. (c) Age of husband or wife if alive **70** years

7. Birth date of deceased **September 4, 1866**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>81</b>	<b>9</b>	<b>28</b>	hr. _____ min.

9. Birthplace **Johnson Co. Mo.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired Farmer**

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

12. Name **Davis B. Whidbee**

13. Birthplace **S. Hampton Co. Virginia**  
(City, town, or county) (State or foreign country)

14. Maiden name **Amelia Wallace**

15. Birthplace **Knox Tennessee**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Edith Whidbee**

(b) Address **Sedalia, Mo.**

17. (a) **Burial** (b) Date thereof **7-6-1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Warrensburg, Mo.**

18. (a) Signature of funeral director **DW Hechart**

(b) Address **Sedalia, Mo.**

19. (a) **7-6-48** (b) **Betty Yeager**  
(Date received local registrar) (Registrar's signature)

(c) **Deputy**  
(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **2nd**  
year **1948** hour **8:45** minute **0** M.

21. I hereby certify that I attended the deceased from **June 1**, 19**48**, to **July 2**, 19**48**,  
that I last saw him alive on **July 2**, 19**48**,  
and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of stomach**  
**metastases to liver**

Duration

**3 mos or more**

Due to \_\_\_\_\_  
Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations **B**  
Of autopsy **W**

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)  
(c) Means of injury \_\_\_\_\_

23. Signature **Art. Walter** (M. D. or other) **MO**  
Address **Sedalia Mo** Date signed **7-6-48**

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 7-23-48

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.....

Frank S. Coffman Jr., Registered Apprentice No. 16  
working under my personal supervision.

Signed.....

John A. Cantlon

Licensed Embalmer No. 4389

P. O. Address Sedalia, 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.