No. 2
1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED AUG 31 1948
Registration District No. 128

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5466

State File No. 26035
Registrar's No. 677

1. PLACE OF DEATH:
(a) County GREENE
(b) City or town Rural—South Campbell Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution OZARK OSTEOPATHIC HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County CHRISTIAN
(c) City or town Ozark (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? ~~(Year No.)~~ NO
If yes, name country

3. (a) PRINT FULL NAME William A. Whittington
3. (b) If veteran, name war None
3. (c) Social Security No. ?
4. Sex M
5. Color or race WHITE
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife deceased
6. (c) Age of husband or wife if alive years
Emma Rachel
7. Birth date of deceased June (Month) 8 (Day) 1868 (Year)

8. AGE: Years	Months	Days	If less than one day
80	2	14	hr. min.

9. Birthplace WHEELING W. Virginia (City, town, or county) (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER
12. Name David Whittington
13. Birthplace Wheeling W. Virginia (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Prudence Ferguson
15. Birthplace WHEELING W. Virginia (City, town, or county) (State or foreign country)
16. (a) Informant J. F. Whittington
(b) Address Rogersville, MO R#2
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 20 48 (Month) (Day) (Year)
(c) Place: burial or cremation Richwood
18. (a) Signature of funeral director T. B. Chaffin
(b) Address Ozark, Missouri
19. (a) 8-23-48 (Date received local registrar) (b) W. E. Handley MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 22 year 1948 hour 9 minute 40 P.M.
21. I hereby certify that I attended the deceased from Aug. 19, 1948 to Aug 22, 1948 that I last saw him alive on Aug 22, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Uremia

Due to Prostatism with pyelitis and purulent urinary cystitis

Due to hypertrophy of the prostate gland

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations hypertrophy of the prostate gland
Of autopsy 1370

Duration

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 Leland E. Wetzel (M. D. or other) DO.
Address 700 E Sunshine Date signed 8/22/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Greene County Health Office
County File Number
Date Filed

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 T. B. Chaffin

Licensed Embalmer No. 2192

P. O. Address Ozark, 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.