

FILED AUG 9 1944  
Registration District No. 128

Primary Registration District No. 2000

39  
2  
6

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

1. PLACE OF DEATH:

(a) County GREENE

(b) City or town Springfield  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution 1305 - 16 - Texas  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)

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

3. (a) PRINT FULL NAME Robert F. Whitlock

3. (b) If veteran, name war unk.

3. (c) Social Security No. unk.

4. Sex Male

5. Color or race Negro

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Nettie Whitlock

6. (c) Age of husband or wife if alive unk. years

7. Birth date of deceased April 4 - 1866  
(Month) (Day) (Year)

| 8. AGE:                             | Years     | Months   | Days      | If less than one day |
|-------------------------------------|-----------|----------|-----------|----------------------|
| <input checked="" type="checkbox"/> | <u>78</u> | <u>3</u> | <u>11</u> | p./hr. min.          |

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

10. Usual occupation Farmer

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

MOTHER FATHER { 12. Name Robert Whitlock

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

14. Maiden name Katherine (Unknown)

15. Birthplace Unknown Unk. Or  
(City, town, or county) (State or foreign country)

16. (a) Informant Marian Whitlock Spfd. Mo.

(b) Address 1305 - 17 - Texas, Spfd. Mo.

17. (a) Burial  
(Burial, cremation, or removal)

(b) Date thereof 7 - 19 - 44  
(Month) (Day) (Year)

(c) Place: burial or cremation Old Salem

18. (a) Signature of funeral director H. Y. Smith

(b) Address 702 - 11 - Jefferson, Spfd. Mo.

19. (a) 7-18-44  
(Date received local registrar)

(b) Dr. W. H. Handley  
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Greene 39

(c) City or town Springfield  
(If outside city or town limits, write "RURAL") 1 2 6

(d) Street No. 1305 - Texas  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 16<sup>th</sup>  
year 1944 hour 4:00 minute \_\_\_\_\_ D. M.

21. I hereby certify that I attended the deceased from November 1  
1943 to July 16<sup>th</sup> 1944

that I last saw him alive on July 15 - 1944  
and that death occurred on the day and hour stated above.

Immediate cause of death \_\_\_\_\_  
Chronic Parenchymatous Nephritis  
Due to Acute Nephritis & Ex. Failure

Due to \_\_\_\_\_

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

Major findings: \_\_\_\_\_  
Of operations 121 P

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) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(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) \_\_\_\_\_

(e) Means of injury \_\_\_\_\_

23. Signature James B. Clark (M. D. or other) \_\_\_\_\_  
Address 716 Benton Date signed July 18, 44

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Spfd. Mo.

**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.....

*Herbert V Smith*

Licensed Embalmer No.: *4884*

P. O. Address *Springfield, 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.**

*X*