

S. No. 2  
1-4-13-40  
v. 5-17-39  
X22159

10138

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED APR 7 1948

Registration District No. \_\_\_\_\_ Primary Registration District No. 203

Registrar's No. 8

1. PLACE OF DEATH:

(a) County Benton  
(b) City or town Warsaw, Mo., "Rural" Lindsay  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Wm. R. F. D. No. 1.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution XXXXXX  
(Specify whether  
In this community four years,  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Benton  
(c) City or town Warsaw, "Rural" Lindsay  
(If outside city or town limits, write "RURAL")  
(d) Street No. R. F. D. No. 1.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? XXXXXXXX years.

3. (a) PRINT FULL NAME Addison Nathaniel Wilhite

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Olive Hunter Wilhite 6. (c) Age of husband or wife if alive 65 years  
7. Birth date of deceased April 3 1862  
(Month) (Day) (Year)

8. AGE: Years 79 Months 11 Days 3 If less than one day XXXXXXXX min.

9. Birthplace Cole Co., Mo. 6  
(City, town, or county) (State or foreign country)

10. Usual occupation Engineer

11. Industry or business Railroad

MOTHER FATHER  
12. Name Kinsey Wilhite  
13. Birthplace unknown Ky. 1  
(City, town, or county) (State or foreign country)  
14. Maiden name Sarah Fletcher  
15. Birthplace Cole Co., Mo. 11  
(City, town, or county) (State or foreign country)

16. (a) Informant Wm. E. Wilhite Mrs. E. Wilhite  
(b) Address St. Louis, Mo.

17. (a) Burial (b) Date thereof 3/8/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Center Town, Mo.

18. (a) Signature of funeral director Walter H. Logan

(b) Address Warsaw, Mo.  
19. (a) 3/7/42 (b) Wm. R. Logan  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month March day 6th  
year 1942 hour 1:00 minute \_\_\_\_\_ A. M.

21. I hereby certify that I attended the deceased from  
Mar. 6, 1942 to Mar. 6, 1942;  
that I last saw him alive on March, 6, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pectoris Duration 4 yrs.

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

PHYSICIAN  
Major findings:  
Of operations none  
Of autopsy none  
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)  
(e) Means of injury \_\_\_\_\_

23. Signature Walter H. Logan (M. D. or other) D.D.  
Address Warsaw, Mo. Date signed 3/6/42

W (Licensed Embalmer's Statement on Reverse Side)

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

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RECEIVED

District Health Officer No. 7,

District File Number 4-42-270

Date Filed 4-2-42

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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.....

*Geo. DeLland*

Licensed Embalmer No. 3868

P. O. Address Sidalia, 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.