

1936 DEC 13 1936

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

39707
Do not use this space.

1. PLACE OF DEATH

(a) County Livingston 3 Registration District No. 508
(b) Township Chillicothe Primary Registration District No. 3026 Registered No. _____
(c) City Chillicothe (d) Street No. In field near 639 Missouri Avenue st.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Henry Clay Whitacre

(a) Residence, No. 639 Missouri Avenue St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Rosa Lee Whitacre

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 2, 1866

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
72 0 15

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Farmer
9. Industry or business in which work was done, as saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Iowa

FATHER 13. NAME Calvin Whitacre 14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Ohio

MOTHER 15. MAIDEN NAME Elizza Cline 16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Ohio

17. INFORMANT Mrs. H. C. Whitacre (ADDRESS) Chillicothe, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Edgewood DATE Nov. 19, 1936

19. FUNERAL DIRECTOR (NAME) Frank B. Norman (ADDRESS) Chillicothe, Missouri

20. FILED 11/19/1936 Daniel M. Dwell, Jr. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 17, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov - 17, 1938 to Nov - 17, 1938
I last saw him alive on his body Nov 17, 1938 Death is said to have occurred on the date stated above, at 2:30 pm.

The principal cause of death and related causes of importance were as follows:

Burned to death, accidentally, clothing ignited while burning trash
Date of onset Nov-17-38

Other contributory causes of importance: 181

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Nov 17, 1938
Where did injury occur? Chillicothe, Mo
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. at home grounds
Manner of injury burned while burning trash
Nature of injury Burned

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) Emmanuel Cronin, M. D.

(Address) Chillicothe, Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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, Elton F. Norman
and E. R. Norman (2374)....., or by

Registered Apprentice No....., working under my personal supervision.

Signed Elton F. Norman

Licensed Embalmer No. 4036

P. O. Address Chillicothe, Missouri

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, above space should be left blank.