

REC'D MAY 10 1939

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

13673
 Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township Kaw Primary Registration District No. 1002
 (c) City K. C. Mo. (d) Street No. 3516 Summit Registered No. 1427 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. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 326 Charles Andrew Whitaker

(a) Residence, No. 3516 Summit 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) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Stella Whitaker

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 23, 1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
74 6 8

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
 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) (STATE OR COUNTRY) Toulon, Illinois

FATHER 13. NAME Isaac Whitaker

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

MOTHER 15. MAIDEN NAME No Record

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record

17. INFORMANT (ADDRESS) Jack P. Whitaker
1025 W. 62nd St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Moriah DATE Apr. 4, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) John W. Wagner
Kansas City, Mo.

20. FILED Apr 3 1939 M. M. Crome
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 1, 1939

22. I HEREBY CERTIFY, That I attended deceased from 1930, to Apr 1, 1939

I last saw him alive on Apr 1, 1939 Death is said to have occurred on the date stated above, at 11:50 PM

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

Pulmonary Oedema Apr 1 39
Bronchitis 11/1/38
Cystitis Chronic 11/1/37

Other contributory causes of importance: Myocarditis, Chronic 1/1/36

Name of operation _____ Date of _____
 What test confirmed diagnosis? Tub Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____

(Signed) W. H. L. Gorman, M. D.
 (Address) 1057 May Blvd

Dr. Albert Lieberman

Prof. Bg.

Ha 2212

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.....

Licensed Embalmer No.....

P. O. Address.....

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.