

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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

37475  
Do not use this space.

NOV 24 1939

1. PLACE OF DEATH  
 (a) County Wagon 3 Registration District No. 875  
 (b) Township Washington 1 Primary Registration District No. 16162 Registered No. 268  
 (c) City Nevada or (d) Street No. State Hospital #3 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 3 yrs. 2 mos. 11 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Richard Whittenberg  
 (a) Residence, No. Marshfield Mo. 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Edda Ramey

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 20, 1875

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>63</u>	<u>10</u>	<u>24</u>	

8. Trade, profession, or particular kind of work done, as Sawyer, bookkeeper, etc. Teacher

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) Dr. 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marshfield Mo.

FATHER  
 13. NAME Jonathan Whittenberg  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Georgia

MOTHER  
 15. MAIDEN NAME Mary J. Kelburn  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

17. INFORMANT (ADDRESS) Hoops. Records

18. BURIAL, CREMATION, OR REMOVAL PLACE Marshfield Mo. DATE Oct 15, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) M. C. Mahan, Funeral Home, Marshfield, Mo.

20. FILED Oct 14, 1939 Allen V. Hoops, Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 14, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1939, to Oct 14, 1939  
 I last saw him alive on Oct 13th, 1939. Death is said to have occurred on the date stated above, at 5:09 a.m.  
 The principal cause of death and related causes of importance were as follows:  
Purp. Nephritis  
Myocardial Degeneration  
Arteriosclerosis

Other contributory causes of importance: Dr.

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

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) J. A. Hoops, M. D.  
 (Address) Nevada Mo

RECEIVED

DEPARTMENT OF HEALTH  
Office No. 7,  
7-39-1543  
Date Filed 11-6-39

**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 *H. H. Marmaduke*

Licensed Embalmer No. *2070*

P. O. Address *Wanda, 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, above space should be left blank.**