

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

40210
Do not use this space.

1. PLACE OF DEATH *Madison 2*
 (a) County..... *Madison* Registration District No. *639*
 (b) Township..... *Big Creek* Primary Registration District No. *6229*
 (c) City..... (d) Street No. 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 *Daniel Franklin Whitener*
 (a) Residence, No. 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 *Burdie Whitener*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Oct 16 - 1879*

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<i>61</i>		<i>5</i>	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. *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) *Dec 1 1939* 11. Total time (years) spent in this occupation *45*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Buckhorn*

MOTHER FATHER

13. NAME *Melissa Whitener*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Madison Mo*

15. MAIDEN NAME *Amanda Jane Graham*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Buckhorn Madison Mo*

17. INFORMANT (ADDRESS) *Chas Barrett Buck Horn*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Barrett* DATE *OCT 22 1939*

19. FUNERAL DIRECTOR (NAME) (ADDRESS) *Homan & Co*

20. FILED *Oct 22 1939* *B. C. Stanght*

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from *July 1 1938* to *Oct 21 1939*
 I last saw him alive on *Oct 7 1939* Death is said to have occurred on the date stated above, at *12:30* m.
 The principal cause of death and related causes of importance were as follows:
Bright's disease Date of onset *1938*

Other contributory causes of importance:
Valvular Heart lesions

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? 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. Harry Barton* M. D.
 (Address) *7 Fredericktown 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, 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.

V. S.
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