

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

14170

State File No. _____

MAY 13 1940 26
Registration District No. _____

Primary Registration District No. 3002

Registrar's No. 38

1. PLACE OF DEATH:

(a) County Audrain
(b) City or town Mexico
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
314 N. Clark St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 18 Months
(Specify whether years, months or days) 18 Months

3. (a) PRINT FULL NAME John Nelson Whitten

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ida Whitten 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased December 15 1867
(Month) (Day) (Year)

8. AGE: Years 72 Months 3 Days 16 If less than one day _____ hr. _____ min.

9. Birthplace Lancaster Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business _____

12. Name Nelson Whitten

13. Birthplace Lancaster Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Matilda Miller
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Ida Whitten
(b) Address 314 N. Clark ST. Mexico, Mo.

17. (a) Burial (b) Date thereof 4-3-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Laddona, Mo.

18. (a) Signature of funeral director Earl E. Paul
(b) Address Mexico, Mo.

19. (a) April 2-1940 (b) Blanche Neely
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Audrain
(c) City or town Mexico
(If outside city or town limits, write "RURAL")
(d) Street No. 314 N. Clark St.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 1st
year 1940 hour 1:30 minute p.m. M.

21. I hereby certify that I attended the deceased from Jan 21, 1939, to April 1, 1940;
that I last saw him alive on April 1, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis
gangrene left leg
Due to General arteriosclerosis

Due to _____
Other conditions None
(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following: no
(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? 23

While at work? ✓ (Specify type of place) (e) Means of injury ✓
23. Signature H. H. ... (M. D. or other) M. D.
Address Mexico, Mo Date signed 4/2/40

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.

RECEIVED

District Health Officer No. 10

District File Number 5-40-928

Date Filed MAY 7 1940

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.....

Earl E. Precht

Registered Apprentice No.....

working under my personal supervision.

Signed.....

Earl E. Precht

Licensed Embalmer No. 3189

P. O. Address Mexico, 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.