DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 14891

Registration District No. 1940 MAY 13 1940 318

Primary Registration District No. 2001

Registrar's No. 351

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.

1. PLACE OF DEATH:

(a) County GREENE

(b) City or town Springfield (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1730 W. Nichols (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 (Specify whether

In this community years, months or days) 3 1 2

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Greene

(c) City or town Springfield (If outside city or town limits, write "RURAL")

(d) Street No. 1730 W. Nichols (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME JAMES MONROE WHITTINGTON

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 C. WHITTINGTON

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Jan 10. (Month) (Day) 1871 (Year)

8. AGE: Years 69 Months 2 Days 29 If less than one day hr. min.

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

10. Usual occupation Retired Farmer

11. Industry or business Farmer

FATHER
12. Name David Whittington
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Prudence Finkinson
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Ida C. Whittington

(b) Address Springfield, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/11/40 (Month) (Day) (Year)

(c) Place: burial or cremation Rich Wood Cem.

18. (a) Signature of funeral director [illegible] & Co.

(b) Address Springfield, Mo.

19. (a) 4-11-40 (Date received local registrar) (b) Chas A. George M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 9 year 1940 hour 7 minute 40 A M.

21. I hereby certify that I attended the deceased from 4,4,40, 19__, to 4,9,40, 19__; that I last saw him alive on 4,8,40, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Hemorrhage, cerebral	5 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(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? 290 (Specify type of place)

While at work? (e) Means of injury

23. Signature D. Musick (M. D. or other)

Address Springfield, Mo. Date signed 4,9,40

(Licensed Embalmer's Statement on Reverse Side)

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. 407

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.