

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

15252

State File No. _____

Registration District No. 431Primary Registration District No. 3023Registrar's No. 48

1. PLACE OF DEATH:

- (a) County Johnson
 (b) City or town Warrensburg
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: _____
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community _____
 years, months or days

3. (a) PRINT FULL NAME Ellen Connell Whitman

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow
 6. (b) Name of husband or wife Wes. A. Whitman 6. (c) Age of husband or wife if alive, years 25
 7. Birth date of deceased Dec - 20 - 1883
 (Month) (Day) (Year)

8. AGE: Years 86 Months 3 Days 6 If less than one day _____ hr. _____ min.9. Birthplace Merion Ohio
(City, town, or county) (State or foreign country)10. Usual occupation Housekeeper

11. Industry or business _____

- MOTHER FATHER
 12. Name Unknown ?
 13. Birthplace Unknown ?
 (City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace Unknown
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature My N. B. Buente(b) Address Warrensburg17. (a) Burial (b) Date thereof April - 3 - 1940
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Sunset Hill18. (a) Signature of funeral director Sweeney Phillips(b) Address Warrensburg, Mo. 119. (a) April 2-40 (b) Pop Genby
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 1
year 1940 hour 18:30 minute _____ P. M.21. I hereby certify that I attended the deceased from Mar 1 - 47
Mar 1, 1940, to April 1, 1940;
that I last saw her alive on April 1, 1940
and that death occurred on the date and hour stated above.Immediate cause of death _____
Influenza followed by
brain breakdown

Due to _____

Due to Heart failureOther conditions _____
(Include pregnancy within 3 months of death)Major findings: _____
Of operations _____

Of autopsy _____

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? _____

_____ (Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature L. J. Scholud (M. D. or other) _____Address Warrensburg, Mo. Date signed Apr 10 1940

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED
District Health Officer No. 8,
District File Number
5-9-70
Date Filed

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 Priest

Registered Apprentice No.....

working under my personal supervision.

Signed.....

Earl Priest

Licensed Embalmer No. *3878*

P. O. Address.....

Warrensburg, 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.