

4-13-40  
4-17-39  
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MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **32289**

Registration District No. **411** Primary Registration District No. **2002** Registrar's No. \_\_\_\_\_

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH: **JASPER**  
(a) County  
(b) City or town **Joplin**  
(c) Name of hospital or institution: **FREEMAN HOSPITAL**  
(d) Length of stay: **3 DAY**  
In this community **ALL HIS LIFE**

3. (a) PRINT FULL NAME **ROBERT F. WHITWELL**  
3. (b) If veteran, name war **NO**  
3. (c) Social Security No. **491-01-2061**

4. Sex **MALE** 5. Color or race **W**  
6. (a) Single, widowed, married, divorced **married**

6. (b) Name of husband or wife **LELA**  
6. (c) Age of husband or wife if alive **32** years

7. Birth date of deceased **AUG 3 1906**

8. AGE: Years **34** Months **1** Days **23**  
If less than one day hr. min.

9. Birthplace **DIAMOND MO.**

10. Usual occupation **SALESMAN**

11. Industry or business **AUTOMOBILE**

12. Name **ROBERT WHITWELL**  
13. Birthplace **MISSOURI**

14. Maiden name **IDA JOHNSON**  
15. Birthplace **INDIANA IND.**

16. (a) Informant **Clare B Whitwell**  
(b) Address **2345 N.W. 2nd Okla. City**

17. (a) **BURIAL** (b) Date thereof **9-28-40**

(c) Place: burial or cremation **MT HOPE CEMETERY**

18. (a) Signature of funeral director **HURLBUT UND CO**  
(b) Address **Joplin MO 272**

19. (a) **9-28-40** (b) **Ed Janner**

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Mo** (b) County **JASPER**  
(c) City or town **Missouri**  
(d) Street No. **628 BYERS AVE**  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **26**  
year **1940** hour **9** minute **150** M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ 19\_\_\_\_  
that I last saw him alive on **September 28**, 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death **Basal Fracture**

Due to **Fall backward striking his head on concrete pavement**

Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) **186**

Major findings: Of operations \_\_\_\_\_  
Of autopsy **yes**

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide, (specify) **accident**  
(b) Date of occurrence **September 26-1940**

(c) Where did injury occur **Joplin Jasper Mo**  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
**Industrial place**

While at work? **yes** (Specify type of place) **store**  
(e) Means of injury **fall**

23. Signature **R. A. Wickham** (M. D. or other) \_\_\_\_\_  
Address **Joplin, Mo.** Date signed **9-28-40**

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

**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. *959*

P. O. Address *Spencer Mass*

**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, fact should be so stated above.**