

FILED JAN 13 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 42074

Registration District No. 135

Primary Registration District No. 3010

Registrar's No. 108

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

1. PLACE OF DEATH

(a) County Conroe
(b) City or town Concession
(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 _____
In this community 717 W. Lincoln (Specify whether years, months or days) 2

3. (a) PRINT FULL NAME Richard C Whitman

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

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

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

7. Birth date of deceased 1 (Month) 8 (Day) 1869 (Year)

8. AGE: Years 71 Months 11 Days — If less than one day _____ hr. _____ min.

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

10. Usual occupation Retired by mail Clerk

11. Industry or business _____

MOTHER FATHER { 12. Name Thomas J Whitman

13. Birthplace W. Whitman Ohio (City, town, or county) (State or foreign country)

14. Maiden name Susan Brown

15. Birthplace Manchester Ohio (City, town or county) (State or foreign country)

16. (a) Informant Guy Whitman

(b) Address Washburn mo

17. (a) Cremated (b) Date thereof Dec. 11, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Edmond Cem, Kansas City

18. (a) Signature of funeral director Wells Marshall

(b) Address Concession MO

19. (a) 12-9-1940 (Date received local registrar) (b) J. H. Haskins (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Conroe
(c) City or town Concession
(If outside city or town limits, write "RURAL")
(d) Street No. 717 Lincoln
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 8 year 1940 hour 9:40 minute 40 M.

21. I hereby certify that I attended the deceased from Dec 6, 1940, to Dec 8, 1940, that I last saw him alive on Dec 7, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis ?

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

Duration
? 94 hr

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? 130 (Specify type of place) While at work? _____ (s) Means of injury _____

23. Signature R. T. Cook (M. D. or other) _____
Address Concession MO Date signed 12-7-40

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 1-8-41

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 myself.

....., Registered Apprentice No.
working under my personal supervision.

Signed R. M. Marshall

Licensed Embalmer No. 2525

P. O. Address Carrollton 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.