No. 2
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FILED FEB 14 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1806

Registration District No. 85 Primary Registration District No. 1001 Registrar's No. 36

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

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1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2833 S. 20th St. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether
In this community 1½ years. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph (If outside city or town limits, write "RURAL")
(d) Street No. 2833 S. 20th St. (If rural, give location)
(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME Gertrude McGee Whitaker
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Geo. B. Whitaker
6. (c) Age of husband or wife if alive 78 years
7. Birth date of deceased December (Month) 28 (Day) 1869 (Year)

8. AGE:	Years	Months	Days	If less than one day
	71	6	12	hr. min.

9. Birthplace Lucas County (City, town, or county) Iowa (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Hugh M. McGee
13. Birthplace Unknown (City, town, or county) Ohio (State or foreign country)
MOTHER
14. Maiden name Sarah Griffin
15. Birthplace Unknown (City, town, or county) Ohio (State or foreign country)
16. (a) Informant Geo. B. Whitaker
(b) Address 2833 S. 20th St. St. Joseph, Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Jan. 12, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Loup City, Nebr.
18. (a) Signature of funeral director H. C. Sidenfaden & Son
(b) Address 1802 Union Str. St. Joseph, Mo.
19. (a) Jan 11, 1941 (Date received local registrar) (b) H. J. Nestlebush (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 10th year 1941 hour 10 minute 30 A.M.
21. I hereby certify that I attended the deceased from Feb 2, 1940 to Jan 10, 1941 that I last saw her alive on Jan 10, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Failure — Duration 1 year
Due to Myocardial Insufficiency
Due to
Other conditions (Include pregnancy within 3 months of death)
93 6
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? (Specify type of place)
85 While at work? (e) Means of injury
23. Signature Wm Redmond (M.D. or other) D
Address 620 Francis St Joseph Mo Date signed 1-10-41

(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 Albert R. Harrington

Licensed Embalmer No. 3258

P. O. Address St. Joseph, 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, fact should be so stated above.