DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 21 1941

Registration District No. 2

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 9306

Primary Registration District No. 205

Registrar's No. 9

1. PLACE OF DEATH:

(a) County Andrew

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

(c) Name of hospital or institution: 1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days) In this community 14 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Andrew

(c) City or town Savannah (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.

3. (a) PRINT FULL NAME George William Whitney

3. (b) If veteran, name war NO

3. (c) Social Security No. 487-14-7235 NO

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife .....

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

7. Birth date of deceased 3 (Month) 16 (Day) 1886 (Year)

8. AGE: Years 54 Months 11 Days 17 If less than one day ..... hr. ..... min.

9. Birthplace West Union (City, town, or county) Iowa (State or foreign country)

10. Usual occupation Common Laborer

11. Industry or business .....

FATHER 12. Name William W Whitney

FATHER 13. Birthplace Un Known (City, town, or county) (State or foreign country)

MOTHER 14. Maiden name Un Known

MOTHER 15. Birthplace Un Known (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. B. P. Townsend

(b) Address Bearsdale Mo

17. (a) B. (Burial, cremation, or removal) (b) Date thereof 3-4-1941 (Month) (Day) (Year)

(c) Place: burial or cremation Bolckow

18. (a) Signature of funeral director E. C. Breit

(b) Address Savannah Mo

19. (a) Mar. 4-1941 (Date received local registrar) (b) Mrs. Jennie Rash (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 3 year 1941 hour 2 minute 10 A. M.

21. I hereby certify that I attended the deceased from Feb 28 March, 1941, to March 3, 1941, that I last saw him alive on March 2, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Flu	4 days
Due to —	
Due to —	
Other conditions — (Include pregnancy within 3 months of death)	

Major findings:
Of operations —
Of autopsy None

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? .....

While at work? ..... (Specify type of place) (e) Means of injury .....

23. Signature P. P. Kelly (M. D. or other)

Address Savannah Mo Date signed 3-4-41

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.

(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 E. C. Brait

Licensed Embalmer No. 2650

P. O. Address Savannah m

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

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