

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

11650

State File No.

APR 9 1941  
Registration District No. 664

Primary Registration District No. 5883

Registrar's No. 3

1. PLACE OF DEATH:

(a) County Pettis  
(b) City or town Elk Fork - Township  
(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 10 days (Specify whether  
In this community 10 days years, months or days)

3. (a) PRINT FULL NAME GUSSIE JUNIOR WHITT A FT

8. (b) If veteran, ✓ name war  
3. (c) Social Security No. 497-13-6648

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife ✓ 6. (c) Age of husband or wife if alive 22 years (Month) (Day) (Year)

7. Birth date of deceased December 22 1923 (Month) (Day) (Year)

8. AGE: Years 17 Months 2 Days 25 If less than one day ✓ hr. ✓ min.

9. Birthplace Windsor, Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Farm Work

11. Industry or business General work

MOTHER FATHER { 12. Name Gussie J. Whittall  
13. Birthplace Morgan County, Missouri (City, town, or county) (State or foreign country)  
14. Maiden name Beat Davis  
15. Birthplace Windsor, Rural, Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Gussie W. Whittall

(b) Address Raymond, Missouri

17. (a) Burial (b) Date thereof March 18, 1941 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Blue Water Chapel

18. (a) Signature of funeral director James H. Hargis

(b) Address Sweet Springs, Mo

19. (a) Mar 17/1941 (b) W. H. Shelley (Date received by Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis  
(c) City or town Le Mars (If outside city or town limits, write "RURAL")  
(d) Street No. Elk Fork - Township (If rural, give location)  
(e) If foreign born, how long in U. S. A? 0 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 16 year 1941 hour 11 minute 30 P. M.

21. I hereby certify that I attended the deceased from March 12, 1941 to March 16, 1941; that I last saw him alive on March 16, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death 1. Meningitis

Due to 4. 11

Due to 4. 11

Other conditions 1. Otolitis media (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) (e) Means of injury ✓

23. Signature W. H. Shelley (M. D. or other)

Address 17 Noblesville, Ind Date signed March 17, 1941

RECEIVED  
District Health Officer No. 8,  
District File Number  
4-7-41  
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..... ✓

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

Signed.....

*Jesset Avery*

Licensed Embalmer No. 12214

P. O. Address Sweet Springs 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.