U. S. No. M—f. Rev.

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

JAN 8 1942

Registration District No. 547

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3029

State File No. 42489

Registrar's No. 326

1. PLACE OF DEATH:
(a) County: Marion
(b) City or town: Hannibal City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Dead on arrival at Elizabeth Hos
(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: 3

2. USUAL RESIDENCE OF DECEASED:
(a) State: Ill. (b) County: Pike 999 11
(c) City or town: New Canton Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No.: R.F.D. #1
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 2 years.

3. (a) PRINT FULL NAME: Earl Whittaker
3. (b) If veteran, name war:
3. (c) Social Security No.:
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: — years
7. Birth date of deceased: Aug. (Month) 12 (Day) 1941 (Year)

8. AGE: Years | Months 3 | Days 27 | If less than one day hr. min.

9. Birthplace: New Canton (City, town, or county) Ill. (State or foreign country)
10. Usual occupation:
11. Industry or business:

MOTHER FATHER
12. Name: Earl Whittaker
13. Birthplace: New Canton (City, town, or county) Ill (State or foreign country)
14. Maiden name: Margaret Thomas
15. Birthplace: New Canton (City, town, or county) Ill (State or foreign country)

16. (a) Informant: Earl Whittaker
(b) Address: New Canton Ill
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-10-1941 (Month) (Day) (Year)
(c) Place: burial or cremation: Shurer Cemetery New Canton
18. (a) Signature of funeral director: Thos. N. Joel
(b) Address: Barry Ill
19. (a) 12-8-41 (Date received local registrar) (b) W. C. Fisher (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 8
year 1941 hour 10: minute 00 A.M.
21. I hereby certify that I attended the deceased from ....., 19..., to ....., 19...; that I last saw h... alive on ....., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death: Child dead on arrival at St Elizabeth Hospital ✓ — Duration
Due to: unknown cause
Due to:
Other conditions (Include pregnancy within 3 months of death):
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)
While at work?
(e) Means of injury:

23. Signature: Crawford Smith Coroner (M. D. or other)
Address: Hannibal, Mo. Date signed 12-8-41

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(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.....

Licensed Embalmer No.....

P. O. Address.....

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.

V. S. No. 2B
10M—8-21-41
[illegible] I X29288

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MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 42489

Registration District No. 547 Primary Registration District No. 3029 Registrar's No.

1. PLACE OF DEATH:
(a) County: Marion
(b) City or town: Hannibal
(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 (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Earl W Whittaker
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex: M
5. Color or race: W
6. (a) Single, widowed, married, divorced: S
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased: Aug (Month) 12 (Day) 1941 (Year)
8. AGE: Years | Months: 3 | Days: 27 | If less than one day hr. min.
9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. Day
year 1941 hour minute M.
21. I hereby certify that I attended the deceased from 19 to 19;
that I last saw h alive on 19;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Unknown Cause	
Due to Possible Thymus or a cerebral trouble as this child died enroute	
Due to to Hospital and there was no autopsy held.	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 64
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)
While at work? (e) Means of injury

23. Signature Crawford Smith Coroner (or other)
Address Hannibal Missouri Date signed

SUPPLEMENTARY