

JAN 13 1942

Registration District No. 875

Primary Registration District No. 6162

Registrar's No. 374

1. PLACE OF DEATH

(a) County Vermon
(b) City or town Washington Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hosp # 3 Nevada Mo
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 wks 10 mos
(Specify whether
In this community 12 days
years, months or days)

8. (a) PRINT FULL NAME ARCH WHITAKER

3. (b) If veteran, name war _____ 8. (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 Jan 21 1911
(Month) (Day) (Year)

8. AGE: Years 30 yrs Months 11 Days 8 If less than one day hr. _____ min. _____

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

10. Usual occupation None

11. Industry or business _____

MOTHER FATHER { 12. Name W. A. Whitaker
13. Birthplace Hillsboro Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Emma McConch
15. Birthplace Nevada Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant State Hosp Records
(b) Address Nevada Mo

17. (a) Removal (b) Date thereof Dec 31, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Rogersville, Mo.

18. (a) Signature of funeral director Wiley-Ferrell Funeral Home
(b) Address Rogersville, Mo.

19. (a) 12-31-41 (b) Allen C. Hays
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene
(c) City or town Springfield
(If outside city or town limits, write "RURAL")
(d) Street No. 325 1/2 South Campbell
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 30
year 1942 hour 6 minute 45 P.M.

21. I hereby certify that I attended the deceased from Sept 28
1941 to Dec 30 1941.
that I last saw him alive on Dec 30 1941.
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis
Due to _____
Due to _____

Other conditions 13 ft
(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?

23. Signature B. M. Jolly (M. D. or other) MD
Address State Hosp # 3 Nevada Mo Date signed 12/30/41

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

108
000

RECEIVED

District Health Officer No. 7,

District File Number 12-41-2099

Date Filed 1-6-42

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, above space should be left blank.