

FILED MAR 13 1942
Registration District No. **19852**

Primary Registration District No. **4518**

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County Sullivan

(b) City or town Milan, Mo.
(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 60 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County Sullivan

(c) City or town Milan **105-10**
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? _____ **No**
If yes, name country _____

3. (a) PRINT FULL NAME Thos. Jefferson Whitaker

3. (b) If veteran, name war no

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Febr. day 15
year 1942 hour 4 minute 10 **P.**

4. Sex Male

5. Color or race W.

6. (b) Name of husband or wife Effie E. Whitaker

7. Birth date of deceased March 24 1865
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Feb. 11 1942 to Feb. 15 1942
that I last saw him alive on Feb. 14 1942
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>76</u>	<u>10</u>	<u>21</u>	<u>no</u> min.

Immediate cause of death Pneumonia - apparently hypostatic, of bacterial origin

Due to cardio renal disease

Due to arteriosclerosis

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

10. Usual occupation Farmer retired.

Other conditions arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings: 131a

MOTHER FATHER

11. Industry or business _____

12. Name Jess Whitaker

13. Birthplace Tenn.
(City, town, or county) (State or foreign country)

14. Maiden name Nancy Watson

15. Birthplace Tenn.
(City, town, or county) (State or foreign country)

Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Effie E. Whitaker

(b) Address Milan, Mo.

17. (a) Rural (b) Date thereof Feb. 16, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cem.

18. (a) Signature of funeral director Chas. Reiser

(b) Address Milan, Mo. (Frank D.)

19. (a) Mar. 2-1942 (b) Mar. 2 A. Green
(Date received local registrar) (Registrar's signature)

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 J. S. Montgomery (M. D.)
Address Milan Mo. Date signed 2-17

RECEIVED

District Health Officer No. 10

District File Number 10-42-309

Date Filed MAR 10 1942

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 Frank D. Schoen

Licensed Embalmer No. 2916

P. O. Address Milan, W.

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.