

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.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED JUL 10 1942

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No.

21996

Registration District No.

668

Primary Registration District No.

5882

Registrar's No.

233

1. PLACE OF DEATH:

(a) County. Pettis  
(b) City or town. Rural - Green Ridge Exp.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: His Farm - 4 miles West Green Ridge Mo  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community Most of his life. (years, months or days)

3. (a) PRINT FULL NAME. Benjamin Franklin Whittall  
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, Married  
6. (b) Name of husband or wife. Rosa Bell Whittall 6. (c) Age of husband or wife if alive. 66 years  
7. Birth date of deceased July - 13 - 1862 (Month) (Day) (Year)

8. AGE: Years 79 Months 11 Days 22 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace. Benton Co. Mo. (City, town, or county) (State or foreign country)

10. Usual occupation. Farmer

11. Industry or business  
12. Name. Eli Whittall  
13. Birthplace. England (City, town, or county) (State or foreign country)  
14. Maiden name. Don't know  
15. Birthplace. Kentucky (City, town, or county) (State or foreign country)

16. (a) Informant's own signature. W. L. Whittall  
(b) Address. Windsor Bl.  
17. (a) Burial (b) Date thereof 6-23-42 (Month) (Day) (Year)  
(Burial, cremation, or removal) (Place: burial or cremation) Green Ridge Mo  
18. (a) Signature of funeral director. L. P. Reym  
(b) Address. Green Ridge Mo  
19. (a) June 23, 1942 (b) Dr. Anna Reeger (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Mo (b) County. Pettis  
(c) City or town. Rural (If outside city or town limits, write "RURAL")  
(d) Street No. 4 miles West Green Ridge Mo (If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 21 year 1942 hour 4 minute 20 P. M.

21. I hereby certify that I attended the deceased from June 5, 1942, to June 21, 1942, that I last saw him alive on June 21, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death Hemiplegia (left) Duration 7 1/2 hrs  
Due to Cerebral Hemorrhage  
Due to Hypertension

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: 130  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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 H. A. Kite (M. D. or other) M.D.  
Address Green Ridge Date signed 6/27/42

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 7-9-42

---

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 \_\_\_\_\_

*L. L. Ream*

Licensed Embalmer No. 1881

P. O. Address Green Ridge 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.