

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 30 1943

Registration District No. 128

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2000

State File No. 2305
Registrar's No. 35

1. PLACE OF DEATH:

(a) County... Greene
(b) City or town... Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution... 625 South /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution...
(Specify whether
In this community...
years, months or days)

3. (a) PRINT FULL NAME John B. Whittaker

3. (b) If veteran, name war... no
3. (c) Social Security No... no

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

6. (b) Name of husband or wife... Unknown
6. (c) Age of husband or wife if alive... Dec. years

7. Birth date of deceased... Aug. 25 1870
(Month) (Day) (Year)

8. AGE: Years 72 Months 4 Days 16
If less than one day hr. min.

9. Birthplace... Unknown Tennessee
(City, town, or county) (State or foreign country)

10. Usual occupation... Caretaker

MOTHER FATHER
11. Industry or business

12. Name Wm. Whittaker
13. Birthplace... Unknown Tennessee
(City, town, or county) (State or foreign country)
14. Maiden name Ellen Hicks
15. Birthplace... Unknown Tennessee
(City, town, or county) (State or foreign country)

16. (a) Informant Jennie Workman
(b) Address Ava, Missouri

17. (a) Burial (b) Date thereof Jan. 13, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation... Eastlawn
18. (a) Signature of funeral director H.H. Lohmeyer
(b) Address Springfield, Mo.

19. (a) 1-13-43 (b) S.W. Handley
(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... 625 South
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country...

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 11
year 1943 hour 1 minute 20 p.m.

21. I hereby certify that I attended the deceased from Dec 31 1942 to Jan 9 1943
and that death occurred on the date and hour stated above.

Immediate cause of death... Acute Atherosclerosis

Due to...

Due to...

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

PHYSICIAN
Major findings:

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? ...
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) ...
(a) Means of injury ...

23. Signature... Date signed 1/20/43
Address Springfield

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

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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.....

Walter E. Hamellen

Licensed Embalmer No.

3808

P. O. Address.....

Springfield 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, fact should be so stated above.