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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED APR 14 1943

Registration District No. 17

Primary Registration District No. 5026

Registrar's No. 16

1. PLACE OF DEATH: Atchison

(a) County: Rural Clark

(b) City or town: (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1 mile East of Fairfax 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: Six years (Specify whether years, months or days)

In this community: Six years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Atchison 3

(c) City or town: Fairfax, Mo. 0
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT John Whittington FULL NAME

3. (b) If veteran, name war: None

3. (c) Social Security No.: None

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: July 7, 1927 (Month) (Day) (Year)

8. AGE: Years 15 Months 8 Days 8 If less than one day hr. min.

9. Birthplace: Kansas City Kansas (City, town, or county) (State or foreign country)

10. Usual occupation: Student

11. Industry or business: None

12. Name: Clifford Leroy Whittington

13. Birthplace: Parnell Mo. (City, town, or county) (State or foreign country)

14. Maiden name: Mabel Reiss (City, town, or county) (State or foreign country)

15. Birthplace: Green River Ill. (City, town, or county) (State or foreign country)

16. (a) Informant: Clifford Whittington

(b) Address: Fairfax, Mo.

17. (a) Burial, cremation, or removal: Burial (b) Date thereof: 3-17-43 (Month) (Day) (Year)

(c) Place: burial or cremation: Pleasant Ridge

18. (a) Signature of funeral director: Wilber L. Schuster

(b) Address: Craig, Mo.

19. (a) Mar 18 1943 (Date received local registrar) (b) Mabel O. Cunningham (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 15th 1943
year 1943 hour 2.15 minute P M.

21. I hereby certify that I attended the deceased from 19 to 19

that I last saw him alive on 19 and that death occurred on the date and hour stated above.

Immediate cause of death: Suffocation

Duration

Due to: Being pulled by elevator beneath corn shelled

Due to: corn.

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

Major findings: Of operations: 182-2

Of autopsy: 14

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: Accident 103

(a) Accident, suicide, or homicide (specify): March-15th-1943

(b) Date of occurrence: Fairfax Atchison Mo

(c) Where did injury occur?: Corn bin on Dan Martin Farm

(d) Did injury occur in or about home, on farm, in industrial place, in public place? While at work? Yes (Specify type of place) (e) Means of injury: Corn

23. Signature: Westboro, Mo

Address: Westboro, Mo Date signed: M

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

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1329

(Licensed Embalmer's Statement on Reverse Side)

JUN 22 1948

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..... *Wilbur L. Schooler*

Licensed Embalmer No..... *3997*

P. O. Address..... *Craig, 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.