7. S. No. 2
00M—2-43
e 5-17-39
I X35897

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 6 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 24131

Registrar's No. 3184

Registration District No. 149

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County: Jackson

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

(c) Name of hospital or institution: General Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 1 day (Specify whether years, months or days)

In this community: 9 Months

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town: Kansas City 8
(If outside city or town limits, write "RURAL")

(d) Street No.: 2311 Summit
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country:

3. (a) PRINT FULL NAME: Eich M. Whittiker

3. (b) If veteran, name war: no

3. (c) Social Security No.: 447-18-3075

4. Sex: MALE

5. Color or race: wht

6. (a) Single, widowed, married, divorced: MARRIED

6. (b) Name of husband or wife: ESSIE WHITTIKER

6. (c) Age of husband or wife if alive: 51 years

7. Birth date of deceased: APRIL (Month) 21 (Day) 1889 (Year)

8. AGE: Years 54 Months 2 Days 28 If less than one day hr. min.

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

10. Usual occupation: Farmer, packer & crater

11. Industry or business: North Amer Bomber Pl.

MOTHER FATHER

12. Name: John Taylor Whittiker

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

14. Maiden name: Martha Robertson

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

16. (a) Informant: Charles Whittiker

(b) Address: Poteau Okla.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: July 21, 1943 (Month) (Day) (Year)

(c) Place: Mutual Funeral Home Poteau Okla.

18. (a) Signature of funeral director: Weiler Funeral Home

(b) Address: 2332 Montana Pl.

19. (a) 7-20-43 (Date received local registrar) (b) T. E. Brown Dep (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 19 year 1943 hour 3 minute 05 P.M.

21. I hereby certify that I attended the deceased from July 18 1943 to July 19 1943 that I last saw him alive on July 19 1943; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Epidemic meningitis	
Due to 6	
Due to	
Other conditions (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? (Specify type of place)

While at work? (e) Means of injury

23. Signature: Arthur R. Johnson (M. D. or other)

Address: Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 Jack W. Laybourne

Licensed Embalmer No. 1715

P. O. Address K. C., 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.