

No. 2
1-4-41
17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

28337

State File No. _____

Registrar's No. 80

FILED SEP 9 1943 3

Registration District No. _____

Primary Registration District No. 5483

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

1. PLACE OF DEATH:

(a) County Harrison

(b) City or town Rural (Bethany)
(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 no
(Specify whether years, months or days)

In this community no

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Harrison

(c) City or town Bethany, Rural
(If outside city or town limits, write "RURAL")

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

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

If yes, name country _____

3. (a) PRINT FULL NAME Hattie Rodgers Whitaker

3. (b) If veteran, name war 40 yrs.

3. (c) Social Security No. no

4. Sex female

5. Color or race white

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

6. (b) Name of husband or wife Herbert Whitaker

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

7. Birth date of deceased February 6 1886
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>57</u>	<u>4</u>	<u>20</u>	hr. _____ min.

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

10. Usual occupation housewife

11. Industry or business farm

MOTHER FATHER { 12. Name Dennis Rodgers

13. Birthplace do not know
(City, town, or county) (State or foreign country)

14. Maiden name Amanda Swartz

15. Birthplace do not know
(City, town, or county) (State or foreign country)

16. (a) Informant Ione Murray

(b) Address Jefferson City, Mo.

17. (a) Burial (b) Date thereof June 20, '43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Burris

18. (a) Signature of funeral director [Signature]

(b) Address Bethany

19. (a) Aug 5-43 (b) Zola M. Burris
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 26
year 1943 hour 11:15 minute _____ A. M.

21. I hereby certify that I attended the deceased from 6-2
1941 to June 24, 1943
that I last saw her alive on 6-24-43 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to _____

Due to _____

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

Major findings: _____

Of operations _____

Of autopsy _____

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 [Signature] (M. D. or other)

Address Bethany, Mo. Date signed 8-5-43

Duration

(Licensed Embalmer's Statement on Reverse Side)

303

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 S. M. Haas
Licensed Embalmer No. 1078
P. O. Address Bethesda, Md.

(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.