DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 21316

FILED JUN 29 1944

Registration District No. 5194 Primary Registration District No. 5230 Registrar's No. 102

1. PLACE OF DEATH:

(a) County CASS

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

(c) Name of hospital or institution: 2 MI. SOUTH EAST RAYMORE (If not in hospital or institution, write street number or location)

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

In this community 9 YEARS.

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County CASS

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

(d) Street No. 2 MI. SE. RAYMORE (If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME FRANCIS MARION WHITTON

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 ALMA A. WHITTON 6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased OCT. (Month) 11 (Day), 1869 (Year)

8. AGE: Years 74 Months 8 Days 13 If less than one day _____ hr. _____ min.

9. Birthplace PLATTE Co. (City, town, or county) MO. (State or foreign country)

10. Usual occupation FARMER

11. Industry or business _____

FATHER
12. Name JOHN WHITTON
13. Birthplace RAY Co. (City, town, or county) MO. (State or foreign country)

MOTHER
14. Maiden name CASSIE McCOLLUM
15. Birthplace PLATTE Co. (City, town, or county) MO. (State or foreign country)

16. (a) Informant's own signature Mrs. Alma Whitton

(b) Address R. F. D. BELTON

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof JUNE 26 '44 (Month) (Day) (Year)

(c) Place: burial or cremation LEES SUMMIT, MO.

18. (a) Signature of funeral director E. K. George & Sons

(b) Address Belton, Mo.

19. (a) June 27, 1944 (Date received local registrar) (b) Margaret Valle (Registrar's signature)

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 24 year 1944 hour 6 minute 0 A. M.

21. I hereby certify that I attended the deceased from May 15, 44 ~~June 24~~ 19__ to June 24 19 44 that I last saw him alive on June 18 19 44 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Gastric Hemorrhage	1 hour
Due to Gastric Ulcer	
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.

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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 C H Allen (M. D. or other) M.D.

Address Independence, Mo. Date signed 6/24/44

(Licensed Embalmer's Statement on Reverse Side)

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

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.

SUM Rev. 5-17-39 1 X19511

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 A. K. Scamp

Licensed Embalmer No. 3645

P. O. Address Grandview, 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.