V. S. No. 2
0M—8-43
ev. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 25 1945

THE STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 32504
Registrar's No. 8893

Registration District No. 318 Primary Registration District No. 1003

**1. PLACE OF DEATH:**
(a) County St. Louis
(b) City or town St. Louis (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Firmin Desloge Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6½ hours (Specify whether years, months or days)
In this community 6½ hours.

**2. USUAL RESIDENCE OF DECEASED:**
(a) State Missouri (b) County Randolph
(c) City or town Moberly (If outside city or town limits, write "RURAL")
(d) Street No. 923 Franklin St (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ERNEST DAVID WHITTEN
3. (b) If veteran, name war World War I
3. (c) Social Security No. 491-07-0222
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ethel Whitten
6. (c) Age of husband or wife if alive 49 years
7. Birth date of deceased Oct-22-1892 (Month) (Day) (Year)

8. AGE: Years 52 Months 11 Days 19 If less than one day ____ hr. ____ min.

9. Birthplace Moberly (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Fireman
11. Industry or business

FATHER
12. Name Ashur Whitten
13. Birthplace Mainville (City, town, or county) Ohio (State or foreign country)

MOTHER
14. Maiden name Emma Miller
15. Birthplace Moberly (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs. Ethel Whitten
(b) Address 923 Franklin St Moberly
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct-14-1950 (Month) (Day) (Year)
(c) Place: burial or cremation Moberly Mo.
18. (a) Signature of funeral director Snow Funeral Home
(b) Address Moberly Mo.
19. (a) OCT 15 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month October day 11th year 1945 hour 8 minute 00 A.M.
21. I hereby certify that I attended the deceased from 10-11-45 2:30 Am, 19..., to 10-11-45 8:00 Am; that I last saw him alive on 10-11-45, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death: Congestive Heart Failure — Duration 3 days
Due to: Coronary occlusion — 7 days
Due to:
Other conditions (Include pregnancy within 3 months of death): 0/5
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 Edna Shrader (M. D. or other)
Address 3720 Washington Date signed 10/18/45

(Licensed Embalmer's Statement on Reverse Side)

JAN 10 1946

FEB 23 1946

OCT 27 1945

DEC 5 1946

**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 R. M. Cater

Licensed Embalmer No. 4117

P. O. Address Moberly 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.**