

0-2  
2-43  
7-39  
X33697

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED** **DEC 24 1945** STATE BOARD OF HEALTH OF MISSOURI  
**STANDARD CERTIFICATE OF DEATH**

34859

State File No. \_\_\_\_\_  
Registrar's No. \_\_\_\_\_

Registration District No. 344 Primary Registration District No. 6157

1. PLACE OF DEATH:  
(a) County Stone  
(b) City or town 710 Blue Eye Post Mills  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Stone 104  
(c) City or town Post Mills Blue Eye Mo.  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location) 0  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME MARVIN EUGENE WHITTAKER  
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 Single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if  
alive \_\_\_\_\_ years  
7. Birth date of deceased Aug 20 1928  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
17 0 2 hr. \_\_\_\_\_ min.

9. Birthplace Carroll Co. Ark  
(City, town, or county) (State or foreign country)

10. Usual occupation Farming (Student)

11. Industry or business \_\_\_\_\_

12. Name Daniel Whittaker

13. Birthplace Carroll Co. Ark  
(City, town, or county) (State or foreign country)

14. Maiden name Rosa Chapman

15. Birthplace Carroll Co. Ark  
(City, town, or county) (State or foreign country)

16. (a) Informant Daniel Whittaker

(b) Address Blue Eye Mo

17. (a) Burial (b) Date thereof 8 27 45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Blue Eye Cemetery

18. (a) Signature of funeral director Walter J. Home

(b) Address Burginville, Ark

19. (a) 10-14-1945 (b) Myrtle Goforth  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 24  
year 1945 hour 2:30 minute \_\_\_\_\_ M.  
21. I hereby certify that I attended the deceased from Aug. 24, 1945  
Aug. 24, 1945 to Aug. 24, 1945  
that I last saw him alive on Aug. 24, 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death Convulsions (cause unknown)

Due to Don't know.

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 G. E. Miller (M. D. or other) \_\_\_\_\_

Address Blue Eye, Mo. Date signed 8/25/45

Duration \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

1003 (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 *W.E. Sumner, Jr.*

Licensed Embalmer No. *3007*

P. O. Address *Berryville, Ark.*

**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.**