No. 2
—2-43
-17-39
X35597

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 18 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

34869

State File No.

Registration District No. 381 Primary Registration District No. 6183 Registrar's No.

1. PLACE OF DEATH:

(a) County Sullivan

(b) City or town Milan - Rural
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution (Specify whether
In this community 81
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Sullivan 105

(c) City or town Milan - Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location) 0

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

If yes, name country —

3. (a) PRINT FULL NAME Francis Lutisha Whitaker

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Fm 1

5. Color or race W

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

6. (b) Name of husband or wife Geo Alfred Whitaker

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

7. Birth date of deceased 5 (Month) 24 (Day) 1864 (Year)

8. AGE:

Years	Months	Days	If less than one day
81	4	6	hr. min.

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

10. Usual occupation house wife

11. Industry or business

FATHER
12. Name James George
13. Birthplace (City, town, or county) Ohio 1 (State or foreign country)

MOTHER
14. Maiden name — Franklin
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Mrs Roy Helms
(b) Address Milan Mo

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 10-2-45 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove

18. (a) Signature of funeral director Schoenes
(b) Address Milan - Mo

19. (a) Oct 6 1945 (Date received local registrar) (b) Mrs. H. B. Harris (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 30 year 1945 hour 3 minute P M

21. I hereby certify that I attended the deceased from May 20, 1946 to , 1945 that I last saw her alive on May 20, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Possible cancer of intestines.

Due to

Due to

Other conditions Senile dementia. Arteriosclerosis.
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy 46

Duration

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 J. S. Montgomery (M. D. or other)

Address Milan Mo. Date signed 10-6-45

1497

(Licensed Embalmer's Statement on Reverse Side)

NOV 28 1945

RECEIVED
District Health Officer No. 8C
District File Number 10-45-1589
Date Filed OCT-17-1945

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 Dwight Schoene

Licensed Embalmer No. 2667

P. O. Address Urban, 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.