No. 2
—5-43
5-17-39
1 X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 12 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 24602

Registration District No. 275 Primary Registration District No. 5942 Registrar's No. 108

1. PLACE OF DEATH:
(a) County Phelps
(b) City or town Highway 66 Near St. James
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Phelps 8
(c) City or town Rolla 2
(If outside city or town limits, write "RURAL")
(d) Street No. Faulkner Ave., 8
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Ellis Morris Whitaker
3. (b) If veteran, name war War No. 2
3. (c) Social Security No. 487-22-3855
4. Sex Male 0
5. Color or race Wh.
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Clara
6. (c) Age of husband or wife if alive years
7. Birth date of deceased March 9, 1924 (Month) (Day) (Year)

8. AGE: Years 22 Months 4 Days 8 If less than one day hr. min.

9. Birthplace Edgar Springs, Missouri 0
(City, town, or county) (State or foreign country)
10. Usual occupation Plasterer
11. Industry or business
FATHER
12. Name Ellis Whitaker
13. Birthplace Phelps County 0
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Mattie Brookshire
15. Birthplace Missouri 0
(City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Mattie Whitaker
(b) Address Faulkner Ave., Rolla Mo.,
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 19, 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Smith Cemetery
18. (a) Signature of funeral director Null & Son Funeral
(b) Address 508 West 8th Rolla Mo.,
19. (a) July 17, 1946 (Date received local registrar) (b) Mrs Juanita Harvey (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 17
year 1946 hour 12 minute 20 A M.
21. I hereby certify that I attended the deceased from
19 , to , 19 ;
that I last saw him dead alive on July 17, 1946 , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Crushed Skull Body badly Mangled.

Due to Thrown From Motorcycle in Path of Freight Truck: Driver of Truck Not Held Responsible for Accident.

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations ✓
Of autopsy ✓

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) Accident 81
(b) Date of occurrence July 17 1946
(c) Where did injury occur? Near St James Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Highway 66 - 1½ Miles West St. James
(Specify type of place)
While at work? No (e) Means of injury Run over
23. Signature S. C. Null Coroner (M. D. or other)
Address Rolla Mo. Date signed 7-18-46

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(Licensed Embalmer's Statement on Reverse Side)

AUG 22 1946

FEB 24 1987

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. L. Miller

Licensed Embalmer No. 3397

P. O. Address Rollar 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.