

FILED MAY 12 1947
Registration District No. 22

Primary Registration District No. 1000

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

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution:
2804 Penn St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None
(Specify whether in this community 7 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")

(d) Street No. 2804 Penn St.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country *

3. (a) PRINT FULL NAME George Berdan Whitaker

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 2
year 1947 hour 8 minute 45 P.M.

21. I hereby certify that I attended the deceased from April 30, 1947
to May 3, 1947
that I last saw him alive on May 9, 1947
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Gertrude

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

7. Birth date of deceased April 23 1862
(Month) (Day) (Year)

Immediate cause of death: Cerebral Hemorrhage Duration 3 da

Due to chronic hypertension 2 yr.

Other conditions: _____
(Include pregnancy within 3 months of death)

8. AGE: Years 85 Months 0 Days 9
If less than one day _____ hr. _____ min.

PHYSICIAN

Major findings:
Of operations: _____
Of autopsy: _____

Underline the cause to which death should be charged statistically.

9. Birthplace Nottawa Michigan
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business Self

12. Name John Clark Whitaker

13. Birthplace Hull England
(City, town, or county) (State or foreign country)

14. Maiden name Clara Brown

15. Birthplace Unknown Michigan
(City, town, or county) (State or foreign country)

16. (a) Informant Eugene O Whitaker

(b) Address 2804 Penn Street

17. (a) Removal (b) Date thereof May, 4- 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Loup City, Nebraska

18. (a) Signature of funeral director Wm. J. Jenkins

(b) Address 1802 Union St. St. Joseph, Mo.

19. (a) 5-5-47 (b) W. B. Jenkins
(Date received local registrar) (Registrar's signature)

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? _____ (a) Means of injury _____

23. Signature Wm. J. Jenkins (M. D. or other) _____
Address 411 Kirkpatrick St. St. Joseph, Mo. Date signed 5/12/47

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 James W. Mc Clanahan, Registered Apprentice No. 4 86 working under my personal supervision.

Signed Robert H. Gapp
Licensed Embalmer No. 3308
P. O. Address: St Joseph, 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.