S. No. 2
M—1/47
v. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 21400

FILED JUL 10 1947

Registration District No. 126

Primary Registration District No. 2001

Registrar's No.

1. PLACE OF DEATH:
(a) County: Jasper
(b) City or town: Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1728 Wall
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community: 7 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jasper
(c) City or town: Joplin
(If outside city or town limits, write "RURAL")
(d) Street No.: 1728 Wall
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Joseph S. Whitaker
3. (b) If veteran, name war:
3. (c) Social Security No.:
4. Sex: M.
5. Color or race: W.
6. (a) Single, widowed, married, divorced: M.
6. (b) Name of husband or wife: Cura
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: January 13, 1878 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
69	4	23	hr. min.

9. Birthplace: Weaubleau Missouri (City, town, or county) (State or foreign country)
10. Usual occupation: Retired Lumberman
11. Industry or business:
FATHER
12. Name: John Whitaker
13. Birthplace: Indiana (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Ernestine Ernest
15. Birthplace: St. Clair County, Missouri (City, town, or county) (State or foreign country)
16. (a) Informant: Cura Whitaker
(b) Address: 1728 Wall, Joplin, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation: Walnut Grove, Mo.
18. (a) Signature of funeral director: Parker-Hunsaker
(b) Address: 1502 Joplin, Joplin, Mo.
19. (a) 6-8-47 (Date received local registrar) (b) Dolores Lampkin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 5 year 1947 hour 9:30 minute P M.
21. I hereby certify that I attended the deceased from April 12th, 1947 to June 5, 1947 that I last saw him alive on June 5, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage	4 days
Due to Hypertension	2 yrs.
Due to Cardio-Renal-Vascular Disease	1 yr.
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause of 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: [illegible] (M. D. or other) MD
Address: Joplin Mo Date signed 6-7-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

47-6-543

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 F. M. Jones

Licensed Embalmer No. Z319

P. O. Address Joplin 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.