No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 15 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37204

Registration District No. 42 — Primary Registration District No. 1000 — Registrar's No. 1444

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: Missouri Methodist Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 12 days (Specify whether) 0

In this community: Lifetime (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Buchanan 11

(c) City or town: DeKalb, (If outside city or town limits, write "RURAL") 0

(d) Street No.: R.F.D. # 2, Bloomington Twsp. (If rural, give location) 0

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

If yes, name country: 1

3. (a) PRINT FULL NAME: Ada Belle Whittington

3. (b) If veteran, name war: None

3. (c) Social Security No.: None

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: Single 0

6. (b) Name of husband or wife: None

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

7. Birth date of deceased: May (Month) 5, (Day) 1873 (Year)

8. AGE: Years 74 Months 6 Days 26 If less than one day hr. min.

9. Birthplace: Buchanan Co., (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation: Housekeeper

11. Industry or business: Home

FATHER
12. Name: Ezekial Whittington 0
13. Birthplace: Buchanan Co., (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name: Susan Gill
15. Birthplace: Platt Co., (City, town, or county) Missouri (State or foreign country) 0

16. (a) Informant: John Whittington (brother)

(b) Address: R.F.D. # 2, DeKalb, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12/4/47 (Month) (Day) (Year)

(c) Place: burial or cremation: Union Cemetery

18. (a) Signature of funeral director: John E. Rupp

(b) Address: 6054 Pryor Ave., City

19. (a) 12-6-47 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature) 3 X 31

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: November day: 1, year: 1947 hour: 6 minute: :30 P. M.

21. I hereby certify that I attended the deceased from November 18, 1947 to December 1, 1947 that I last saw her alive on December 1, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chr. Glomerulonephritis	3 mos.
Due to:	
Due to:	
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: 0

23. Signature: Owen W D Craig (M. D. or other)

Address: 405 Tootle Bldg. St Joseph, Mo. Date signed: 4 Dec 47

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

Jefferson City Printing Co. (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 Roland D. Clark, Registered Apprentice No. 503, working under my personal supervision.

Signed John E. Rupp

Licensed Embalmer No. 3986

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.