

S. No. 2
M-5-43
5-17-39
X36671

FILED JAN 22 1948 **23**

Registration District No. _____ Primary Registration District No. **5143**

1. PLACE OF DEATH:

(a) County **BUTLER**

(b) City or town **RURAL-POPLAR BLUFF**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
POPLAR BLUFF TWP.
(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) **20 YEARS**

In this community _____ (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO** (b) County **BUTLER** **12**

(c) City or town **RURAL** **6**
(If outside city or town limits, write "RURAL")

(d) Street No **3 1/2 MI SE of POPLAR BLUFF** **0**
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No) **0**
If yes, name country _____

3. (a) PRINT FULL NAME **JOHN CHARLES WHITMER**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **MALE** 5. Color or race **WHITE**

6. (a) Single, widowed, married, divorced **MARRIED**

6. (b) Name of husband or wife **EMMA WHITMER**

6. (c) Age of husband or wife if alive **59** years

7. Birth date of deceased **FEB 7 - 1887**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

60	10	23	_____ hr. _____ min.
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9. Birthplace **PATTERSON MO**
(City, town, or county) (State or foreign country)

10. Usual occupation **LABORER**

11. Industry or business _____

MOTHER FATHER {

12. Name **UNKNOWN**

13. Birthplace **PENN!**
(City, town, or county) (State or foreign country)

14. Maiden name **DEBIAN STRAWSER**

15. Birthplace **PENN!**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Emma Whitmer**

(b) Address **RD #4 Poplar Bluff Mo**

17. (a) **BURIAL** (b) Date thereof **Dec 31 1947**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **WOODLAWN Cem**

18. (a) Signature of funeral director **A. D. Phelps**

(b) Address **Poplar Bluff Mo**

19. (a) **1-17-48** (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **29** year **1947** hour **9** minute **15 A.M.**

21. I hereby certify that I attended the deceased from **Nov 8, 1947** to **Dec 29, 1947** that I last saw him alive on **Dec 18, 1947** and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary occlusion (thrombosis)**

Due to **Atherosclerosis heart disease**

Due to **General atherosclerosis**

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

Major findings: _____

Of operations: _____

Of autopsy: _____

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? _____

While at work _____ (Specify type of place)

(e) Means of injury _____

Address **Poplar Bluff Mo** Date signed **1-5-48**

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

RECEIVED
District Health Office No. 2
District File Number 148-90
Date Filed 1-19-48

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

N. J. Phelps

Licensed Embalmer No. 3231

P. O. Address Paplar Bluff 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.