

No. 2
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-17-39
X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32498

FILED NOV 5 1948

State File No. _____

Registration District No. 106

Primary Registration District No. 5420 4/48

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County Assembly

(b) City or town Salisbury

(c) Name of hospital or institution Home

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none

In this community 40 years

(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Assembly

(c) City or town Salisbury

(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Syrus Gene Whitaker

3. (b) If veteran, name war no

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 25

year 1948 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from aug 1946

_____ 1946 to Oct 8 1948

that I last saw him alive on Oct 8 1948

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 married

6. (b) Name of husband or wife Mary A. Whitaker

(c) Age of husband or wife if alive 69 years

7. Birth date of deceased Aug 15 1878

(Month) (Day) (Year)

Immediate cause of death Chronic Hypertension

arteriosclerosis, Hypertension

Duration _____

8. AGE:	Years	Months	Days	If less than one day
	<u>76</u>	<u>2</u>	<u>11</u>	hr. _____ min. _____

Due to acute Bacillary dysentery followed by paralysis of left side

Other conditions _____

(Include pregnancy within 3 months of death)

9. Birthplace Marytown Ky. 1

(City, town, or county) (State or foreign country)

10. Usual occupation Businessman

Major findings: _____

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business _____

12. Name Henry Whitaker

13. Birthplace Unknown Ky. 1

(City, town, or county) (State or foreign country)

14. Maiden name Virginia Fitch

15. Birthplace Unknown Ky. 1

(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) _____

(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? _____

16. (a) Informant Mamie Lora Cobb

(b) Address 5501 Colburn Rd. Flint, Mich.

17. (a) Burial (b) Date thereof 10-29-48

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Stanfield

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature W.E. Turner (M. D. or other)

Address Piggott Ark Date signed _____

18. (a) Signature of funeral director W.E. Turner

(b) Address Piggott, Arkansas

19. (a) 10/30/48 (b) J.A. Anderson

(Date received local registrar) (Registrar's signature)

RECEIVED
District Health Office No. 2,
District File Number 114-1485
Date Filed 11-3-48

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.....

Licensed Embalmer No.

P. O. Address.....

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.