

FILED FEB 10 1949

STANDARD CERTIFICATE OF DEATH

State File No. 2297

BIRTH NO. _____ REG. DIST. NO. 297 PRIMARY REG. DIST. NO. 3057 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY <u>Ray</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Ray</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Richmond, Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Richmond, Mo.</u>	
c. LENGTH OF STAY (in this place) <u>81 Yrs</u>		d. STREET ADDRESS (If rural, give location) <u>836 E. Lexington St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>836 E. Lexington St.</u>			
3. NAME OF DECEASED (Type or Print) <u>John Grant Whitmer</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>1/20/49</u>	
s. (First) b. (Middle) c. (Last)			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug 13, 1867</u>
9. AGE (In years last birthday) <u>81</u>		IF UNDER 1 YEAR Months <u>5</u> Days <u>17</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer-Stockman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>	
11. BIRTHPLACE (State or foreign country) <u>Richmond, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John C. Whitmer</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Gant</u>	
14. NAME OF HUSBAND OR WIFE <u>Mary Etta Whitmer</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>-</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mary Etta Whitmer, Richmond, Mo.</u>		ADDRESS <u>Richmond, Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			
MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchopneumonia</u>			<u>2 days</u>
ANTECEDENT CAUSES			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.			
DUE TO (b) <u>Influenza</u>			<u>10 days</u>
DUE TO (c) <u>180</u>			
II. OTHER SIGNIFICANT CONDITIONS			
Conditions contributing to the death but not related to the disease or condition causing death. <u>Arteriosclerosis</u>			<u>?</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>1-18</u> , 19 <u>49</u> , to <u>1-20</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>1-20</u> , 19 <u>49</u> , and that death occurred at <u>11 A.</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>John J. ... M.D.</u>		23b. ADDRESS <u>Richmond, Mo.</u>	
		23c. DATE SIGNED <u>1-25-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1/22/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sunnyslope</u>	24d. LOCATION (City, town, or county) (State) <u>Richmond, Mo.</u>
DATE REC'D BY LOCAL REG. <u>Jan 25-1949</u>	REGISTRAR'S SIGNATURE <u>Malcol Jackson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Quest-Lile F. Home</u> ADDRESS <u>Richmond, Mo.</u>	

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

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed _____

2-9-49

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Licensed Embalmer No. 4896

P. O. Address Richmond, 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.