

National Office of Vital Statistics

FILED JUL 11 1949

Registration District No. 239

Primary Registration District No. 5825

Registrar's No. 26

1. PLACE OF DEATH:

(a) County New Madrid

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

(c) Name of hospital or institution:
none
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
10 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid *77*

(c) City or town WFO 1 Malden, Missouri *20*
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location) NO *0*

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

If yes, name country.....

3. (a) PRINT FULL NAME FRED AUSTIN WHITTEN

3. (b) If veteran, name war DD

3. (c) Social Security No. 489-12-3708

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife Louise M. Mueller 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased June 4, 1897
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	72	0	13	- hr. - min.

9. Birthplace unkn Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Resort Proprietor

11. Industry or business Resort Business

12. Name William Henry Whitten

13. Birthplace New York, New York
(City, town, or county) (State or foreign country)

14. Maiden name Ellen Betsy Schuyler

15. Birthplace Califaun New Jersey
(City, town, or county) (State or foreign country)

16. (a) Informant Louise M. Whitten

(b) Address Rt 1 Malden, Missouri

17. (a) Burial (b) Date thereof Jun 21, 1949
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Cem. Malden, Mo.

18. (a) Signature of funeral director W. L. R. Knight

(b) Address Malden, Missouri

19. (a) 4/30/49 (b) Dr. Gustaf Husted
(Date received from registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June 17 day
year 1949 hour Four minute P M.

21. I hereby certify that I attended the deceased from Jan 1 1944 to June 17 1949
that I last saw him in alive on June 17 1949
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial failure = 2 yrs
General affliction, Parkinson's disease - and arthritis of spine incapacitated him for 14 to 15 yrs -

Due to General affliction, Parkinson's disease - and arthritis of spine incapacitated him for 14 to 15 yrs -

Other conditions (Include pregnancy within 3 months of death)

Major findings: 350X
Of operations

Of autopsy

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

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

(b) Date of occurrence June 17, 1949

(c) Where did injury occur? at home
(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)

23. Signature G. C. Duckert (M. D. or other) 863

Address Malden, Mo. Date signed June 19, 1949

RECEIVED

District Health Office No. 2

District File Number 749 - ~~1180~~ 703

Date Filed JUL 6 1949

OCT 3 1949

JUL 11 1949

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 Wallace R Knight

Licensed Embalmer No. 451

P. O. Address Malden, M

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.