

FILED JUN 22 1954

STANDARD CERTIFICATE OF DEATH

State File No. 18728

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 139 PRIMARY REG. DIST. NO. 5533 Registrar's No. 31

|  |  |   |  |
|--|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Holt</b> |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Holt</b> |  |
| b. CITY OR TOWN <b>Forbes</b>              |  | c. LENGTH OF STAY (in this place)   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION    |  | c. CITY OR TOWN <b>Forbes</b> <b>0440</b>   |  |
|  |  | d. STREET ADDRESS (If rural, give location) <b>0</b>  |  |

|  |  |   |   |  |  |
|--|--|---|---|--|--|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <b>John</b> b. (Middle) <b>christopher</b> c. (Last) <b>Whitmore</b> |  |   | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>6-12-1954</b> |  |  |
| 5. SEX <b>male</b>   |  | 6. COLOR OR RACE <b>White</b>             |   | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>    |  |
| 8. DATE OF BIRTH <b>8-27-1885</b>  |  | 9. AGE (in years last birthday) <b>68</b> |   | 10. IF UNDER 1 YEAR: Days <b>9</b> Hours <b>15</b> Mins.                 |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>              |  | 10b. KIND OF BUSINESS OR INDUSTRY         |   | 11. BIRTHPLACE (City and State or Foreign Country) <b>Omaha Nebraska</b> |  |
|  |  |   |   | 12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>                               |  |

|  |  |   |  |  |  |
|--|--|---|--|--|--|
| 13a. FATHER'S NAME <b>Christopher Whitmore</b> |  | 13b. MOTHER'S MAIDEN NAME <b>Sarah Parker</b> |  | 14. NAME OF HUSBAND OR WIFE <b>Marv Whitmore</b> |  |
|--|--|---|--|--|--|

|   |  |                                   |  |   |  |
|---|--|-----------------------------------|--|---|--|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b> |  | 16. SOCIAL SECURITY NO. <b>no</b> |  | 17. INFORMANT'S SIGNATURE OR NAME <b>M. H. C. Maxcum</b> ADDRESS <b>SAVANNAH MO</b> |  |
|---|--|-----------------------------------|--|---|--|

|   |  |   |  |  |  |  |  |
|---|--|---|--|--|--|--|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic Emphysema and Cirrhosis</b>  |  |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>4 1/2</b> |  |
|   |  | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br><br>DUE TO (b) _____<br><br>DUE TO (c) _____ |  |  |  |  |  |
|   |  | II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.                                   |  |  |  |  |  |

|                        |  |  |  |  |  |  |  |
|------------------------|--|--|--|--|--|--|--|
| 19a. DATE OF OPERATION |  | 19b. MAJOR FINDINGS OF OPERATION <b>241X</b> |  |  |  | 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 **Savannah, Mo 6-12, 1954**, that I last saw the deceased alive on **7, 1954** and that death occurred at **4:35 Am.**, from the causes and on the date stated above.

|  |  |                                   |  |                                 |  |
|--|--|-----------------------------------|--|---------------------------------|--|
| 23a. SIGNATURE <b>Dr. J. J. Jensen</b> (Degree or title) <b>MD</b> |  | 23b. ADDRESS <b>Dr. Joseph Mo</b> |  | 23c. DATE SIGNED <b>6-13-54</b> |  |
|--|--|-----------------------------------|--|---------------------------------|--|

|   |  |                            |  |  |  |  |  |
|---|--|----------------------------|--|--|--|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b> |  | 24b. DATE <b>6-14-1954</b> |  | 24c. NAME OF CEMETERY OR CREMATORY <b>Forbes</b> |  | 24d. LOCATION (City, town, or county) (St.) <b>Forbes Mo</b> |  |
|---|--|----------------------------|--|--|--|--|--|

|   |  |   |  |   |  |
|---|--|---|--|---|--|
| DATE REC'D BY LOCAL REG. <b>6-15-1954</b> |  | REGISTRAR'S SIGNATURE <b>Ernest Kolisch</b> |  | 25. FUNERAL DIRECTOR'S SIGNATURE <b>Breit Funeral Home</b> ADDRESS <b>SAVANNAH MO</b> |  |
|---|--|---|--|---|--|

(License/Embalmer's Statement on Reverse Side)

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

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

*E. C. Breit*

Licensed Embalmer No. *2650*

P. O. Address *Savannah 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.