

REC'D JUN 15 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

18478
Do not use this space.

1. PLACE OF DEATH
(a) County Jackson Registration District No. 400
(b) Township Prarie Primary Registration District No. 5553 B Registered No. 108
(c) City (d) Street No. JACKSON COUNTY HOME St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.
2. PRINT FULL NAME Fred Whittling 345
(a) Residence, No. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE German 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 9 - 1857
7. AGE YEARS MONTHS DAYS 81 4 19
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Unknown
9. Industry or business in which work was done, as saw mill, bank, etc. Unknown
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY
13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
15. MAIDEN NAME Germany
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
17. INFORMANT Ernest Jackson
(ADDRESS)
18. BURIAL, CREMATION, OR REMOVAL PLACE GREEN LAWN DATE May 31 1938
19. FUNERAL DIRECTOR J.P. LOUIS FUNERAL HOME
(ADDRESS) 3400 WOODLAND K.C. MO
20. FILED May 30 1938 William J. Fields
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 28 1938
22. I HEREBY CERTIFY, That I attended deceased from Jan 1 to 5/28, 1938
I last saw him alive on 5/26, 1938 & Death is said to have occurred on the date stated above, at 11:45 am.
The principal cause of death and related causes of importance were as follows:
Senile debility
Date of onset
Other contributory causes of importance:
Name of operation Date of
What test confirmed diagnosis there an autopsy No
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury
24. Was disease or injury in any way related to occupation of deceased? No
If so, specify No
(Signed) W. Green M. D.
(Address) 362 S. Dependence

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

*per my self
Phillips
Green*

STATEMENT BY LICENSED EMBALMER

I, Betham A. Legan, Licensed Embalmer No. 3979

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself
L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed Betham A. Legan
Licensed Embalmer No. 3979

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.)