

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.

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

Do not use this space.

REG'D FEB 9 6 1939

1. PLACE OF DEATH

County Buchanan
Township Washington
City St. Joseph

Registration District No. 1001
Primary Registration District No. St. Joseph, Mo.

File No. 1643
Registered No. 41
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 321 1/2 One 1/2 Whitaker St. _____ Ward _____
(Usual place of abode) Milan

Milan, Mo.
(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wilma Whitaker

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 14, 1889

7. AGE YEARS 49 MONTHS 11 DAYS 0 If LESS than 1 day, _____ hrs. _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. R. R. Bookman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
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) Stevens County, Missouri

FATHER 13. NAME Wm. L. Whitaker

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lewis County, Missouri

MOTHER 15. MAIDEN NAME Ella Adams

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lewis County, Missouri

17. INFORMANT Hosp. records
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Dunlap, Mo. Jan 16, 1939

19. UNDERTAKER C. G. Scherer
(ADDRESS) Milan, Mo.

20. FILED Jan. 16, 1939 H. M. B. Beach
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 14, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 9, 1939, to Jan 14, 1939
I last saw him alive on Jan 13, 1939. Death is said to have occurred on the date stated above, at 4:30 a.m.

The principal cause of death and related causes of importance were as follows:

Pneumonia
Chronic Alcoholism with exposure
Other contributory causes of importance:
Name of operation _____ Date of _____
What test confirmed diagnosis? clinical Was 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 _____
(Signed) P. S. Tate, M. D.
(Address) State Hosp # 2 - St Joseph, Mo.

STATEMENT BY LICENSED EMBALMER

I, F.D. Schoene, Licensed Embalmer No. 2016
hereby certify that the body recorded on the reverse side of this
Certificate was embalmed by F.D. Schoene
or by _____, Registered Apprentice No. _____

(Signed)

F.D. Schoene

Licensed Embalmer No. 2016

NOTE: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**.
(Failure to comply with the above regulation constitutes grounds for revocation of license.)