

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

2035
 Do not use this space.

1939 FEB 21 1939

1. PLACE OF DEATH CLINTON 2
 (a) County CLINTON 2 Registration District No. 206
 (b) Township LATHROP. Primary Registration District No. X124 Registered No. 2
 (c) City LATHROP. (d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
 (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 ROBERT ALEXANDER, WHITTEN
 (a) Residence, No. LATHROP, MO. St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE Wh. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) NOV 13, 1868
 7. AGE YEARS 70 MONTHS 2 DAYS 11 IF LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer
 9. Industry or business in which work was done, as saw mill, bank, etc. General Labor
 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) Holt Mo

FATHER 13. NAME Harold Whitten

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Main

MOTHER 15. MAIDEN NAME Mary Green

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT Gillie Garrison (ADDRESS) North Pine City Mo

18. BURIAL, CREMATION, OR REMOVAL New Hope Cemetery DATE Jan 20 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Richard [unclear] Mo

20. FILED 1-24 19 39 E.B. Dimmock Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 24 1939
 22. I HEREBY CERTIFY that I attended deceased from Jan 1 - 1939 to Jan 24 - 1939
 I last saw him alive on Jan 22 - 1939. Death is said to have occurred on the date stated above, at 7:30 a.m.
 The principal cause of death and related causes of importance were as follows:

Diabetes Mellitus Date of onset 59
 Other contributory causes of importance: _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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? _____
 If so, specify _____ (Signature) G. J. Longfield M. D.
 _____ (Address) Lathrop, Mo

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.

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.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.