

REC'D MAY 10 1939

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

14190  
Do not use this space.

1. PLACE OF DEATH  
 (a) County Bollinger Registration District No. 15  
 (b) Township Crooked Creek Primary Registration District No. 5103 Registered No. \_\_\_\_\_  
 (c) City \_\_\_\_\_ (d) Street No. \_\_\_\_\_ 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 356 Miles Whitener  
 (a) Residence, No. Marquand Mo. 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lydia E Whitener  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 4, 1861  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
97 11 16  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. farmer  
 9. Industry or business in which work was done, as saw mill, bank, etc. \_\_\_\_\_  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-20, 1939  
 22. I HEREBY CERTIFY, That I attended deceased from 2-1, 1931, to 4-20, 1939.  
 I last saw him alive on 4-11, 1939. Death is said to have occurred on the date stated above, at 5:00 p.m.  
 The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis  
ASC

Other contributory causes of importance:  
 ① Chronic upper bowel obstruction (partial)  
 ② Small Bowel disease

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Ray Was there an autopsy?

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) Albert M. Gato, M. D.  
 (Address) Jackson, Mo.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marquand Mo  
 FATHER 13. NAME Elijah Whitener  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marquand Mo  
 MOTHER 15. MAIDEN NAME Emeline Kinder  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marquand Mo  
 17. INFORMANT (ADDRESS) Mrs. A. L. Whitener Marquand Mo  
 18. BURIAL, CREMATION, OR REMOVAL PLACE BESSVILLE Mo DATE 4/22, 1939  
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Stewart Co Marquand Mo  
 20. FILED 78 1939 Bertha Mason (Address) Jackson, 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.**