

NOV 20 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 35493

Registration District No. 398

Primary Registration District No. 3019

Registrar's No. 261

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Independence, Mo.
(c) Name of hospital or institution:
323 W. Hocker St.
(d) Length of stay: In hospital or institution 2
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson
(c) City or town Independence
(d) Street No. 323 W. Hocker St.
(e) If foreign born, how long in U. S. A.?

3. (a) PRINT FULL NAME Elston T. Whiteside
3. (b) If veteran name war
3. (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct day 12, 1940.
year hour 2:15 minute M.

4. Sex Male
5. Color or race Negro
6. (b) Name of husband or wife Beatrice Whiteside
7. Birth date of deceased May 10th, 1891

21. I hereby certify that I attended the deceased from 1-2-40 to 10-17-40
that I last saw him alive on 10-16-40
and that death occurred on the date and hour stated above.
Immediate cause of death Organic Heart Disease

8. AGE: Years 49 yrs Months 5 Days 7

Due to
Due to
Other conditions (Include pregnancy within 3 months of death)

9. Birthplace Mo.
10. Usual occupation Laborer
11. Industry or business Cemetery S.
12. Name Benjamin Whiteside
13. Birthplace Mo.
14. Maiden name Harriett
15. Birthplace

PHYSICIAN
Major findings: Of operations
Of autopsy
Underline the cause to which death should be charged statistically.

16. (a) Informant Beatrice Whiteside
(b) Address 323 W. Hocker St.
17. (a) Burial (b) Date thereof Oct 29, 1940
(c) Place: burial or cremation Woodlawn Cem
18. (a) Signature of funeral director G. G. Dango
(b) Address 644 Quinderson Blvd.
19. (a) Oct-23-40 (b) F. L. Cook

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
360
While at work? (Specify type of place) (e) Means of injury
23. Signature W. H. Lawrence (M. D. or other)
Address Indys. Mo Date signed 10-19-40

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

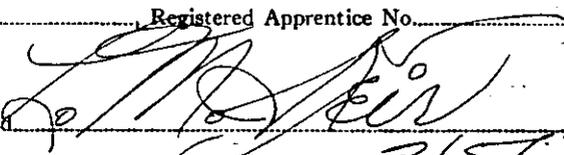
MOTHER FATHER

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. 3156

P. O. Address Indep. 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, above space should be left blank.

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DEPARTMENT OF COMMERCE.
BUREAU OF THE CENSUS

Registration District No. 398

Primary Registration District No. 3019

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Independence
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 323 North Hoeker
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Elston T. Whiteside

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race negro 6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife _____ 6. (c) Age of husband, or wife, if alive _____ years

7. Birth date of deceased _____ (Month) (Day) (Year)

8. AGE: Years 49 Months 5 Days 7 If less than one day _____ min.

9. Birthplace _____ (City, town, or county) _____ (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name _____
13. Birthplace _____ (City, town, or county) _____ (State or foreign country)
14. Maiden name _____
15. Birthplace _____ (City, town, or county) Unknown (State or foreign country)

16. (a) Informant _____ (b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)
(Burial, cremation, or removal)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) April 10, 41 (b) J. F. Cook M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

20. DATE OF DEATH: Month Oct day 17 year 1940 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him _____ alive on _____, 19____, and that death occurred on the date and hour stated above. Immediate cause of death _____

Due to _____
Due to _____
Other conditions _____ (Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature W. H. Louie (M. D. or other) _____
Address Independence Date signed _____

SUPPLEMENTARY

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

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