FILED APR 21 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10891

Registration District No. 398 Primary Registration District No. 3019 Registrar's No. 97

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

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 412 W. Dea
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community .....

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Independence
(If outside city or town limits, write "RURAL")
(d) Street No. 412 W. Dea
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Minnie C. Whittington
3. (b) If veteran, name war —
3. (c) Social Security No. .....
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lee Whittington
6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased Mar. (Month) 2 (Day) 1875 (Year)

8. AGE: Years	Months	Days	If less than one day
66	1	3	hr. ..... min.

9. Birthplace Marion County (City, town, or county) Iowa (State or foreign country)
10. Usual occupation House work.
11. Industry or business .....
MOTHER FATHER
12. Name Caleb Blodgett.
13. Birthplace Tuscella Co. (City, town, or county) Utah (State or foreign country)
14. Maiden name Rachel Gray.
15. Birthplace Cumberland (City, town, or county) Ohio (State or foreign country)
16. (a) Informant Mrs. Ethel M. Brude
(b) Address Independence Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/10/41 (Month) (Day) (Year)
(c) Place: burial or cremation Forest Grove
18. (a) Signature of funeral director George C. Carson
(b) Address Independence Mo.
19. (a) April 7/41 (Date received local registrar) (b) F. L. Cook M. D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 5 year 1941 hour 11:10 P. minute M.
21. I hereby certify that I attended the deceased from About June 1938, 19..., to 4/5/41, 19...; that I last saw her alive on 4/4/41, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Myocardial degeneration	3-3 years
Due to Hypertension	years
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations ✓	
Of autopsy ✓	

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

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? ..... (Specify type of place)
While at work? ..... (e) Means of injury .....
23. Signature R. J. Card M.D. (M. D. or other)
Address Independence Mo Date signed 4/7/41

(Licensed Embalmer's Statement on Reverse Side)

Dr. Ford

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 Raymond M. Martin

Licensed Embalmer No. 4150

P. O. Address Independence Mo.

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

If this body is not embalmed, fact should be so stated above.