S. No. 2
—1-4-41
5-17-39
PI X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 20959

FILED JUL 19 1941

Registration District No. 1 Primary Registration District No. 1 Registrar's No. 180

1. PLACE OF DEATH:

(a) County Adair
(b) City or town Kirksville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1 408 E. Patterson
(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
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Adair
(c) City or town Kirksville
(If outside city or town limits, write "RURAL")
(d) Street No. 408 E. Patterson
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mrs. Jullia May Whittom
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Fe.
5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife William Whittom
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased August (Month) 8 (Day) 1866 (Year)

8. AGE: Years	Months	Days	If less than one day
74	10	9	hr. min.

9. Birthplace Adair Co (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Housewife
11. Industry or business Domestic
FATHER
12. Name Beverly Bozarth
13. Birthplace D.K. (City, town, or county) Kentucky (State or foreign country)
MOTHER
14. Maiden name Fanny Francis Jackson
15. Birthplace D.K. (City, town, or county) Kentucky (State or foreign country)
16. (a) Informant E. A. Winfield
(b) Address St. Louis, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-19-1941 (Month) (Day) (Year)
(c) Place: burial or cremation Lutz Cemetery
18. (a) Signature of funeral director Davis Funeral Dec
(b) Address Kirksville, Mo.
19. (a) June 18/41 (Date received local registrar) (b) Spencer L. Freeman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 17
year 1941 hour 4 minute 14 A.M.
21. I hereby certify that I attended the deceased from June 17, 1941, to June 17, 1941; that I last saw her alive on June 17, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute pulmonary edema	1½ hrs.
Due to Chronic Degenerative Myocarditis	Years
Hypertension	Years
Due to	
Other conditions Diabetis Mellitus (Include pregnancy within 3 months of death)	Years

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) No
(b) Date of occurrence No
(c) Where did injury occur? No (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? No (Specify type of place)
While at work? No (e) Means of injury No.
23. Signature J. J. Kimp (M. D. or other) MD
Address Kirksville, Mo. Date signed 6/17/41

(Licensed Embalmer's Statement on Reverse Side)

JUL 25 1940

RECEIVED
District Health Officer No. 10
District File Number 7-41-1374
Date Filed JUL 16 1941

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 Harold H. Kegel

Licensed Embalmer No. 4076

P. O. Address Kirksville, 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, fact should be so stated above.