No. 2
1-4-41
17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 2 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 29170

Registration District No. 735 Primary Registration District No. 3034 Registrar's No. 181

1. PLACE OF DEATH:

(a) County: RANDOLPH

(b) City or town: MOBERLY (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: WOODLAND HOSPT. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... In this community 12 HRS. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: MO (b) County: MONROE

(c) City or town: RURAL (If outside city or town limits, write "RURAL")

(d) Street No.: 11 MI. S.E. OF PARIS (If rural, give location)

(e) Citizen of foreign country? NO (Yes or No) If yes, name country ✓

3. (a) PRINT FULL NAME: ELSIE LOUISE WHITTKER

3. (b) If veteran, name war: ✓

3. (c) Social Security No. 496-18-3576

4. Sex: FEMALE

5. Color or race: WHITE

6. (a) Single, widowed, married, divorced: MARRIED

6. (b) Name of husband or wife: ~~FRED~~ WHITTKER

6. (c) Age of husband or wife if alive: 20 years

7. Birth date of deceased: ~~JULY~~ JUNE (Month) 9 (Day) 1921 (Year)

8. AGE: Years	Months	Days	If less than one day
20	2	20	✓ hr. ✓ min.

9. Birthplace: MONROE CO. (City, town, or county) O MO. (State or foreign country)

10. Usual occupation: AT HOME

11. Industry or business:

FATHER
12. Name: STERLING PRICE CHAPMAN
13. Birthplace: MONROE CO., O MO. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: MARY BELLE DODSON
15. Birthplace: BOONE CO., O MO. (City, town, or county) (State or foreign country)

16. (a) Informant: Charlie James Chapman
(b) Address: PARIS, MO.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: AUG 30, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation: CEDAR GROVE

18. (a) Signature of funeral director: Speed & Blakey
(b) Address: Paris, Mo.

19. (a) Aug 30-41 (Date received local registrar) (b) Leah Williams (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUG day 28 year 1941 hour 7:00 P.M. minute ..... M.

21. I hereby certify that I attended the deceased from Aug. 28 1941 7:55 A.M. to Aug. 28 1941 7:00 P.M.; that I last saw her alive on Aug. 28 1941; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Accidental gunshot wound of abdomen	Aug 28 1941
Due to (Man was cleaning shot gun, supposed to be unloaded. Discharged & struck patient)	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: 1637

Of autopsy: No. Coroner, Dr. H.C. Griffith of Moberly, viewed remains & released body

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): accident
(b) Date of occurrence: Aug. 28, 1941
(c) Where did injury occur? Route 3, Paris, Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)
While at work? ✓ (e) Means of injury: accident gun shot

23. Signature: R.D. Streeter (M. D. or other) M.D.
Address: Moberly, Mo. Date signed: Aug. 30/41

725 (Licensed Embalmer's Statement on Reverse Side)

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

8
6
3

MAR 23 1956

RECEIVED
District Health Officer No. 10
District File Number 9-41-1681
Date Filed SEP 18 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 A. S. Blakey

Licensed Embalmer No. 2616

P. O. Address Paris, Missouri.

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

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