

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED JAN 30 1943

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 266

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

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: St Lukes Hospital  
(If not in hospital or institution, write street number and location)

(d) Length of stay: In hospital or institution 5 hrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Henry <sup>42</sup>

(c) City or town Clinton Mo <sup>2</sup>  
(If outside city or town limits, write "RURAL")

(d) Street No. 80 Third St  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

3. (a) PRINT FULL NAME Charles Houston Whitaker

MEDICAL CERTIFICATION

3. (b) If veteran, name war no

3. (c) Social Security No. none

20. DATE OF DEATH: Month 1 day 17  
year 1943 hour 6 minute 12 PM

4. Sex M

5. Color or race Wh

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Unknown

6. (c) Age of husband or wife if alive 2 years

7. Birth date of deceased 2 - 27 1860  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 17 1943 to Jan 17 1943 that I last saw him alive on Jan 17 - 43 and that death occurred on the date and hour stated above.

8. AGE: Years 82 Months 10 Days 25 hr. 25 min.

Immediate cause of death Coronary Arteriosclerosis

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

Due to Coronary Arteriosclerosis

10. Usual occupation Newspaper Editor

Due to 940

11. Industry or business

Other conditions (Include pregnancy within 3 months of death)

MOTHER FATHER

12. Name Chas Houston Whitaker

13. Birthplace unknown  
(City, town, or county) (State or foreign country)

14. Maiden name Mary E Sleight

15. Birthplace not known  
(City, town, or county) (State or foreign country)

Major findings: Of operations

16. (a) Informant Chas Whitaker Jr

(b) Address Clinton Mo

Of autopsy Coronary Arteriosclerosis

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-19-43  
(Month) (Day) (Year)

22. If death was due to external causes, fill in the following:

(c) Place: burial or cremation Englewood

(a) Accident, suicide, or homicide (specify).....

(b) Date of occurrence.....

18. (a) Signature of funeral director John W. Johnson

(b) Address Clinton Mo

(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?

19. (a) 1-18-43 (b) M. M. Brown  
(Date received local registrar) (Registrar's signature)

While at work?..... (Specify type of place)

(e) Means of injury.....

23. Signature H. P. Rayburn M.D.  
Address R. E. Job Date signed 1/17/43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

APR 4 1950 / 10 the above City Hall  
Vital Statistics

692217

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

G. L. WILKINSON Registered Apprentice No. 341

working under my personal supervision.

Signed

Fred Wilkerson

Licensed Embalmer No. 2478

P. O. Address Clinton, 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.