

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4128

Registration District No. 19443
FILED MAR 16 1947

Primary Registration District No. 3007

Registrar's No. 80

1. PLACE OF DEATH:

(a) County Butler
(b) City or town Poplar Bluff
(c) Name of hospital or institution Grey Tree Hosp. D
(d) Length of stay: In hospital or institution _____
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Craig 999
(c) City or town Canning 3
(d) Street No. _____
(e) Citizen of foreign country? _____
If yes, name country _____

3. (a) PRINT FULL NAME

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 16
year 1947 hour 4 minute 45 P.M.
21. I hereby certify that I attended the deceased from 2/13/47 to 2/16/47
that I last saw her alive on February 16,
and that death occurred on the date and hour stated above.

4. Female 5. Color of White 6. (a) Single, widowed, married. Divorced
6. (b) Name of husband or wife Dave Whitaker 6. (c) Age of husband or wife if alive 23 years
7. Birth date of deceased Sept. 23 1884
(Month) (Day) (Year)

Immediate cause of death Acidosis
Due to Diabetic Coma
Due to Diabetes Mellitus
Other conditions Hypostatic pneumonia.
(Include pregnancy within 3 months of death)

8. AGE: Years 63 Months 4 Days 23 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name James Preston

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

14. Maiden name James P. Taylor

15. Birthplace Butler, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Bessie Taylor

(b) Address Canning, Missouri

17. (a) Burial (b) Date thereof 2-18-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Black Oak

18. (a) Signature of funeral director W. H. Dugan

(b) Address Canning, Mo.

19. (a) 2/24/47 (b) R. W. McNeel
(Date received local registrar) (Registrar's signature)

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____
23. Signature J. W. McNeel (M. D. or other) _____
Address Poplar Bluff, Missouri Date signed 2/20/47

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

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

RECEIVED

Health Office No. 2,

Number 347-20

3-4-47

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 *D. L. Johnson*

Licensed Embalmer No. *1686 + 4271*

P. O. Address *Canning, Ark.*

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.