

FILED FEB 9 1948

Registration District No. 12 Primary Registration District No. 1000 Registrar's No. 127

1. PLACE OF DEATH:
 (a) County Buchanan
 (b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Duncan Rest Home 723 So. 11th St. 4
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 months
(Specify whether years, months or days)
 In this community Mastor Lips

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Buchanan
 (c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
 (d) Street No. 723 So. 11th St.
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country

3. (a) PRINT FULL NAME Bert Whitaker

3. (b) If veteran, name war None 3. (c) Social Security No. 500-14-5961

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife Ella Whitaker (Goerke) 6. (c) Age of husband or wife if alive years

7. Birth date of deceased May 24, 1880
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
<input checked="" type="checkbox"/>	<u>67</u>	<u>7</u>	<u>13</u> hr. min.

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

10. Usual occupation None (Laborer)

11. Industry or business not employed

12. Name Michel Whitaker

13. Birthplace Maysville, Mo.

14. Maiden name Alice Laughlin

15. Birthplace Not known Mo.

16. (a) Informant Allie D. Whitaker

(b) Address Route 5, St. Joseph, Mo.

17. (a) Burial (b) Date thereof 1/9/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Auburn Cem.

18. (a) Signature of funeral director Charles J. Werner
120 Illinois Ave. St. Joseph, Mo.

(b) Address

19. (a) 2-3-48 (b) C. E. Jenkins
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 7
 year 1948 hour 6 minute 15 A.M.

21. I hereby certify that I attended the deceased from April 29, 1947, to January 7, 1948,
 that I last saw him alive on January 5, 1948,
 and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Regurgitation

Due to Lues

Due to XXXXX

Other conditions XXXXX
(Include pregnancy within 3 months of death)

Major findings:
 Of operations: ✓

Of autopsy: 92 B

Duration 7 mos.

1 yr.

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?

(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 0

23. Signed by Charles J. Werner (M. D.)

Address Kirkpatrick Bldg. Date signed 1-8-48

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

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.....

May E. Meyer....., Registered Apprentice No. *49*
working under my personal supervision.

Signed *E. J. Clark*.....

Licensed Embalmer No. *4235*.....

P. O. Address *St. Joseph 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.