

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

Registration District No. 744

Primary Registration District No. 744 3035

Registrar's No.

33

1. PLACE OF DEATH

(a) County Ray, Richmond, Mo.
 (b) City or town Richmond, Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: none
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution: lived all life
 In this community: lived all life
 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Ray
 (c) City or town Richmond, Mo
 (If outside city or town limits, write "RURAL")
 (d) Street No. East Lexington St
 (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 7
 year 1941 hour 6 minute 35 A.M.

21. I hereby certify that I attended the deceased from Feb 18 1941 to Apr 7 1941
 that I last saw him alive on Apr 7 1941
 and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Thrombosis
 Duration 3 mo.

Due to Advanced Arterio sclerosis

Due to

Other conditions: 942
 (Include pregnancy within 3 months of death)

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)
 (b) Date of occurrence
 (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?

9/6/5 (Specify type of place)
 While at work (e) Means of injury

23. Signature G. L. Gaine MD (M. D. or other)
 Address Richmond, Mo Date signed 4/9/41

3. (a) PRINT FULL NAME

Edwin F. Whitmer

3. (b) If veteran, name war

3. (c) Social Security No. none

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mary Whitmer

6. (c) Age of husband or wife if alive 4-18 years

7. Birth date of deceased Oct. 4-1888
 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>82</u>	<u>1</u>	<u>23</u>	hr. min.

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

10. Usual occupation Farmer

11. Industry or business Farmer

12. Name John E. Whitmer

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

14. Maiden name Mary Cant

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

16. (a) Informant John F. Whitmer

(b) Address Richmond, Mo.

17. (a) Buried (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation Sunny Slope

18. (a) Signature of funeral director J. B. Brothman

(b) Address Richmond, Mo.

19. (a) April 14, 41 (b) Malcolm G. Johnson
 (Date received local registrar) (Registrar's signature)

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 5-13-41

OCT 20 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.....

working under my personal supervision.

J. B. Brothers

Registered Apprentice No.....

Brothers Funeral Home

Signed.....

J. B. Brothers

Licensed Embalmer No. 2001

P. O. Address. Rutland, Vt.

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.