

FILED FEB 10 1949

THE DIVISION OF HEALTH - MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. 2297

BIRTH NO.		REG. DIST. NO. <u>297</u>		PRIMARY REG. DIST. NO. <u>3057</u>		Registrar's No. <u>7</u>	
1. PLACE OF DEATH a. COUNTY <u>Ray</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Ray</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Richmond, Mo.</u>		c. LENGTH OF STAY (In this place township) <u>81 Yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Richmond, Mo.</u>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>836 E. Lexington St.</u>				d. STREET ADDRESS (If rural, give location) <u>836 E. Lexington St.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>Grant</u> c. (Last) <u>Whitmer</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1/20/49</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Aug 13, 1867</u>	
9. AGE (In years last birthday) <u>81</u>		IF UNDER 1 YEAR Months <u>5</u> Days <u>17</u>		IF UNDER 1 YEAR Hours <u></u> Min. <u></u>		IF UNDER 24 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer-Stockman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>		11. BIRTHPLACE (State or foreign country) <u>Richmond, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John C. Whitmer</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Gant</u>		14. NAME OF HUSBAND OR WIFE <u>Mary Etta Whitmer</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>-</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mary Etta Whitmer, Richmond, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchopneumonia</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Influenza</u> DUE TO (c) <u>Arteriosclerosis</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arteriosclerosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>  <u>10 days</u>  <u>?</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>1-18</u> , 19 <u>49</u> , to <u>1-20</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>1-20</u> , 19 <u>49</u> , and that death occurred at <u>11 A.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>John J. Conroy, M.D.</u> (Degree or title)				23b. ADDRESS <u>Richmond, Mo.</u>		23c. DATE SIGNED <u>1-25-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1/22/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sunnyslope</u>		24d. LOCATION (City, town, or county) (State) <u>Richmond, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Jan 25-1949</u>		REGISTRAR'S SIGNATURE <u>Maluel Jackson</u> <u>293</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Quest-Lile F. Home, Richmond, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed \_\_\_\_\_

2-9-49

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed \_\_\_\_\_

*John T. ...*

Licensed Embalmer No. 4096

P. O. Address *Richmond, 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.