

1939 MAY 12 1939

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

14139  
Do not use this space.

1. PLACE OF DEATH

(a) County Andrew Registration District No. 951  
(b) Township Wilson Primary Registration District No. 5037C Registered No. 8  
(c) City ..... (d) Street No. ....  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Benjamin Franklin Whipple

(a) Residence, No. .... St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Cora A. Whipple (deceased)  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 4 1868  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 70 6 26  
OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer  
9. Industry or business in which work was done, as saw mill, bank, etc. ....  
10. Date deceased last worked at this occupation (month and year) W 11. Total time (years) spent in this occupation WTC  
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Greensburg, Indiana  
FATHER 13. NAME Geo. W. Whipple  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana  
MOTHER 15. MAIDEN NAME Emmelina Ford  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana  
17. INFORMANT (ADDRESS) Helen Whipple, 1015 W. 1st St., Harrison, Mo.  
18. BURIAL, CREMATION, OR REMOVAL PLACE Mount Hope DATE April 2, 1939  
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Geo. J. Walker, 4th St. Harrison  
20. FILED May 8 1939 G. M. Mosley, Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 30 1939  
22. I HEREBY CERTIFY, That I attended deceased from May 20 1939 to May 30 1939  
I last saw him alive on May 27 1939. Death is said to have occurred on the date stated above, at 7:30 pm.  
The principal cause of death and related causes of importance were as follows:  
Cerebral Hemorrhage Date of onset 3/20  
Other contributory causes of importance: HTA  
Smoking  
Name of operation none Date of .....  
What test confirmed diagnosis? Phys. Exam. and autopsy (M.D.)  
23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? ..... Date of injury ..... 19.....  
Where did injury occur? ..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.  
Manner of injury .....  
Nature of injury .....  
24. Was disease or injury in any way related to occupation of deceased? no, specify .....  
(Signed) W. M. D. M. D.  
Centrolia (Address) 29

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**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..... *Leo B. Wall* .....

Licensed Embalmer No..... *3373* .....

P. O. Address..... *Fulton* .....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**