REC'D SEP 8 1939

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

29489
Do not use this space.

1. PLACE OF DEATH
(a) County Johnson
(b) Township Chilhowee
or
(c) City
Registration District No. 426
Primary Registration District No. 5581
Registered No. 23
(d) Street No. St.
(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 2 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Benjamin F. Whetherholt
(a) Residence, No. Denton, Missouri St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Divorced
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Sarah
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 24, 1861
7. AGE: Years 76 Months 11 Days 10 If LESS than 1 day, ....hrs. or ....min.

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)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virgina

FATHER
13. NAME Alfred Merci
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kent, England

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Ira Wall
(ADDRESS) Denton, Missouri
18. BURIAL, CREMATION, OR REMOVAL
PLACE Wall Cem. DATE Aug. 5, 1939
19. FUNERAL DIRECTOR (NAME) O. L. Cook
(ADDRESS) Chilhowe, Missouri
20. FILED Aug. 7, 1939 O. L. Cook
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 3, 1939. 19
22. I HEREBY CERTIFY, That I attended deceased from 10/28 -, 1938, to 8/3, 1939
I last saw him alive on 8/3 and, 1939 Death is said to have occurred on the date stated above, at 5:00 m.P.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary Hypostasis | |
| 94 hr | |
| Other contributory causes of importance: | |
| Chronic Alcoholism | |
| Intermittent Paroxysis | |

Name of operation — Date of
What test confirmed diagnosis? — Was there an autopsy? No

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
If so, specify
(Signed) G. M. Kendall, M. D.
(Address) Chilhowee Mo

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

50M-9-19-38 I X18503

RECEIVED
District Health Officer No. 8
District File Number 9/6/39
Date Filed

**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 O. L. Cook, Registered Apprentice No.....,
working under my personal supervision.

Signed O. L. Cook

Licensed Embalmer No. 2708

P. O. Address Chillhowee, Missouri

**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, above space should be left blank.**