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(23153)

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 29226

5150 SEP 25 1940
Registration District No. 624

Primary Registration District No. 4375

Registrar's No. 17

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

1. PLACE OF DEATH:

(a) County Nodaway

(b) City or town Hopkins, Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: L
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 1 yr. years, months or days (Specify whether 217)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nodaway

(c) City or town Hopkins
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME William Eugene Whittlesey

3. (b) If veteran, name war: -

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 8
year 1940 hour 7 minute 45 P. M.

21. I hereby certify that I attended the deceased from 7/1/40, 19____ to 8/8/40, 19____;
that I last saw him alive on 8/8/40, 19____,
and that death occurred on the date and hour stated above.

4. Sex Male

5. Color or race white

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

6. (b) Name of husband or wife Mary Elizabeth Whittlesey

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased June 12 1864
(Month) (Day) (Year)

Immediate cause of death Carcinoma of rt testicle + metastases in abdomen + rt breast

Due to unknown

Due to unknown

Duration 18ms.

8. AGE:

Years	Months	Days	If less than one day
<u>76</u>	<u>1</u>	<u>26</u>	hr. _____ min. _____

9. Birthplace Clyde New York
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER

12. Name Melgar Whittlesey

13. Birthplace Clyde New York
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Augusta Stiles

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

16. (a) Informant Mary Elizabeth Whittlesey

(b) Address Hopkins Mo

17. (a) Burial (b) Date thereof Aug 10 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hopkins, Mo

18. (a) Signature of funeral director Stanley Swanson

(b) Address Hopkins Mo

19. (a) 8-9-1940 (b) O. H. Dayler
(Date received local registrar) (Registrar's signature)

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

Major findings: 51

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? 555
(Specify type of place) _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature W. H. King (M. D. or other) W. H. King

Address Hopkins Date signed 8/19/40

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.....

Stanley Swanson

Licensed Embalmer No. *3863*

P. O. Address *Hopkins, M*

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

If this body is not embalmed, fact should be so stated above.