

Registration District No. **73** Primary Registration District No. **3006** Registrar's No. **273**

1. PLACE OF DEATH:  
(a) County **Boone**  
(b) City or town **Columbia**  
(c) Name of hospital or institution: **19 Kuhlman Court**  
(d) Length of stay: In hospital or institution **20 yrs**  
In this community **20 yrs**

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **Boone**  
(c) City or town **Columbia**  
(d) Street No. **19 Kuhlman Court**  
(e) If foreign born, how long in U. S. A? **Life**

3. (a) PRINT FULL NAME **Miss Bertha K. WHIPPLE**  
(b) If veteran, name war **No** (c) Social Security No. **No**

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **Dec** day **17<sup>th</sup>**  
year **1940** hour **11:30** minute **A.** M.

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single**  
6. (b) Name of husband or wife **Single** 6. (c) Age of husband or wife if alive **2** years  
7. Birth date of deceased **Nov 2 1879**

21. I hereby certify that I attended the deceased from **Dec 17, 1940**  
that I last saw her alive on **Dec 17**  
and that death occurred on the date and hour stated above.  
Immediate cause of death **Heart failure**  
**at least ten yrs**

8. AGE: Years **61** Months **1** Days **15** If less than one day hr. min.

Due to **Angina Pectoris**  
Due to **9H**  
Other conditions **at least ten yrs**  
(Include pregnancy within 3 months of death)

9. Birthplace **Chelsea MASS**

10. Usual occupation **Prof Home Economics**  
11. Industry or business **Missouri University**  
12. Name **Joseph Kingsbury Whipple**  
13. Birthplace **New Hampshire**  
14. Maiden name **Sarah Chandler**  
15. Birthplace **Nashua, New Hampshire**

Major findings:  
Of operations  
Of autopsy  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

16. (a) Informant **Helen E. Bollein D.O.**  
(b) Address **Columbia, Mo**  
17. (a) **Removal** (b) Date thereof **DEC. 19-40**  
(c) Place: burial or cremation **New Boston, N.H.**

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?  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
**74**  
While at work? (Specify type of place)  
(e) Means of injury **3**

18. (a) Signature of funeral director **R. A. Barrett**  
(b) Address **Columbia, Mo**  
19. (a) **12/18/40** (b) **Allie Selby**

23. Signature **Helen E. Bollein** (M.D. or other) **D.O.**  
Address **1304 Bday** Date signed **Dec 17, 1940**

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

3  
7

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**