

DEC 15 1941

Registration District No. **421**

Primary Registration District No. **2575A**

Registrar's No. **78**

1. PLACE OF DEATH:  
 (a) County **Jefferson**  
 (b) City or town **Crystal City, Mo.**  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution **1 Broadway**  
 (If not in hospital or institution, write street number of location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
 In this community **Life**  
 years, months or days

2. USUAL RESIDENCE OF DECEASED:  
 (a) State **Missouri** (b) County **Jefferson**  
 (c) City or town **Crystal City, Mo.**  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. **Broadway**  
 (If rural, write location)  
 (e) Citizen of foreign country? **No.** (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Herman C. Whibble**  
 3. (b) If veteran, name war \_\_\_\_\_  
 3. (c) Social Security No. \_\_\_\_\_

4. Sex **Male** 5. Color or race **White**  
 6. (a) Single, widowed, married, divorced **Married**  
 6. (b) Name of husband or wife **Rachel Hamilton**  
 6. (c) Age of husband or wife if alive **81** years  
 7. Birth date of deceased **Aug. 29 1860**  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**81** **2** **13** hr. min.

9. Birthplace **Jefferson Co., W. Mo.**  
 (City, town, or county) (State or foreign country)

10. Usual occupation **Glass Worker Retired**

11. Industry or business **P.P. Glass Co.**

12. Name **Joseph Whibble**

13. Birthplace **Germany**  
 (City, town, or county) (State or foreign country)

14. Maiden name **Mary Jones**

15. Birthplace **Germany**  
 (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Hermann Whibble**

(b) Address **Crystal City, Mo.**

17. (a) **Burial** (b) Date thereof **Nov. 14, 1941**  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Festus Christian Cemetery**

18. (a) Signature of funeral director **H. S. Vinyard**

(b) Address **4 Central Mo.**

19. (a) **11-13-41** (b) **J. E. Rutledge, M.D.**  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov** day **11th**  
 year **1941** hour **7:20** minute **P.** M.

21. I hereby certify that I attended the deceased from **May** 19**38** to **Nov** 19**41**;  
 that I last saw him alive on **Nov 12** 19**41**  
 and that death occurred on the date and hour stated above.

Immediate cause of death **Heart Block** Duration \_\_\_\_\_

Due to **diabetes mellitus**  
**irreversibly**

Due to **old age**

Other conditions **61**  
 (Include pregnancy within 3 months of death)

Major findings: **none**  
 Of operations \_\_\_\_\_

Of autopsy **no**

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?  
 While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury **6**

23. Signature **J. F. Somell** (M. D. or other)  
 Address **Crystal City, Mo.** Date signed **Nov 14/41**

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

MOTHER FATHER

**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..... *J. H. W. [Signature]*  
Licensed Embalmer No. 3010  
P. O. Address Festus 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.**