

S. No. 2  
M-1-4-41  
7. 5-17-39  
X26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **6022**  
Registrar's No. **789**

FILED MAR 5 1942

Registration District No. **85**

Primary Registration District No. **5127**

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

**1. PLACE OF DEATH:**  
 (a) County Buchanan  
 (b) City or town Rural Washington  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
R.F.D. #5, St. Joseph, Mo.  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution None  
(Specify whether  
 In this community 75 years  
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County Buchanan  
 (c) City or town Rural  
(If outside city or town limits, write "RURAL")  
 (d) Street No. R.F.D. #5, St. Joseph, Mo.  
(If rural, give location)  
 (e) Citizen of foreign country? No. (Yes or No)  
 If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** Charles Whalen  
 3. (b) If veteran, name war None  
 3. (c) Social Security No. ? None

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month February day 18th  
 year 1942 hour 12 minute 40 P.M.

4. Sex Male 5. Color or race White  
 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Rose Whalen  
 6. (c) Age of husband or wife if alive 76 years  
 7. Birth date of deceased March 5 1866  
(Month) (Day) (Year)

**21. I hereby certify that I attended the deceased from**  
February 16, 1942, to February 18, 1942  
 that I last saw him alive on February 17, 1942  
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 2 day

**8. AGE:** Years 75 Months 11 Days 13  
 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to Hypertension cardiovascular renal disease  
 Due to \_\_\_\_\_

9. Birthplace St. Joseph Missouri  
(City, town, or county) (State or foreign country)

Other conditions None  
(Include pregnancy within 3 months of death)

10. Usual occupation Retired Bricklayer  
 11. Industry or business School Board

Major findings:  
 Of operations None  
 Of autopsy None

**MOTHER** { 12. Name Unknown  
 13. Birthplace Unknown Unknown  
(City, town, or county) (State or foreign country)  
 14. Maiden name Unknown  
 15. Birthplace Unknown Unknown  
(City, town, or county) (State or foreign country)

**PHYSICIAN**  
 Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Rose Whalen  
 (b) Address R.F.D. #5 St. Joseph, Mo.

**22. If death was due to external causes, fill in the following:**  
 (a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence \_\_\_\_\_

17. (a) Burial (b) Date thereof Feb. 20, 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Mt. Olivet Cemetery

(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? \_\_\_\_\_

18. (a) Signature of funeral director Heruan W. Sedufadur  
 (b) Address 1802 Union Str. St. Joseph, Mo.

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

19. (a) 2-20-42 (b) H. J. Meathurst  
(Date received local registrar) (Registrar's signature)

23. Signature [Signature] (M. D. or other) \_\_\_\_\_  
 Address St. Joseph, Mo. Date signed \_\_\_\_\_

MAR 3 1942

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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.....

*Albert R. Harrington*

Licensed Embalmer No.....

*3258*

P. O. Address.....

*H. Joseph, 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.**