

S. No. 2  
4-13-40  
5-17-39  
I X23159

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

6420

State File No. \_\_\_\_\_

FILED MAR 19 1942

Registration District No. 213

Primary Registration District No. 3014

Registrar's No. 54

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

1. PLACE OF DEATH: Cole

(a) County Jefferson City

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

(c) Name of hospital or institution: St. Mary's Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution One Day  
(Specify whether years, months or days)

In this community 16 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gasconade

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

(d) Street No. 211 E. First  
(If rural, give location)

(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME WALTER VICTOR WHERTVINE

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. 489 09 587

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 22 year 1942 hour 11:00 minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Feb 22 1942 to Feb 22 1942

that I last saw him alive on Feb 22 1942 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 Caroline Whertvine

6. (c) Age of husband or wife if alive 38 years

7. Birth date of deceased: April 12 1901  
(Month) (Day) (Year)

Immediate cause of death Acute hemorrhagic pancreatitis

Due to (pancreatitis)

Due to \_\_\_\_\_

8. AGE: Years Months Days If less than one day

40 10 10 \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

Other conditions acute hemorrhagic pancreatitis  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

10. Usual occupation Shoe Worker

11. Industry or business International Shoe Co.

MOTHER FATHER { 12. Name George Whertvine

{ 13. Birthplace Fredericksburg, Missouri  
(City, town, or county) (State or foreign country)

{ 14. Maiden name Unknown

{ 15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Caroline Whertvine

(b) Address Hermann, Missouri

17. (a) Burial (b) Date thereof 2/25/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hermann City Cemetery  
Hugo H. Blumer

18. (a) Signature of funeral director Hermann, Missouri

(b) Address \_\_\_\_\_

19. (a) 2-24-42 (b) Norma Kistner  
(Date received local registrar) (Registrar's signature)

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 \_\_\_\_\_

23. Signature Dean A. Doyle (M. D. or other) M.D.

Address Jefferson City Date signed 2-24-42

814

**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.....

.....  
working under my personal supervision.

..... Registered Apprentice No. ....

Signed.....

*Hugot Blumenthal*

Licensed Embalmer No. 3160

P. O. Address Hermann, 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, fact should be so stated above.**