V. S. No. 2
DM—9-4-41
Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

79
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 21 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

15149

State File No.

Registration District No. 660 Primary Registration District No. 5878 Registrar's No. 26

1. PLACE OF DEATH:

(a) County Perry

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

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

(d) Length of stay: In hospital or institution (Specify whether
In this community 76- 2 - 24
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Perry 79

(c) City or town Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Henry Whistler

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Male ()

5. Color or race White

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

6. (b) Name of husband or wife Anna Whistler

6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased Jan. 14 (Month) 1866 (Day) (Year)

8. AGE: Years 76 Months 2 Days 24 If less than one day hr. min.

9. Birthplace Perry Co. (City, town, or county) 0 Missouri (State or foreign country)

10. Usual occupation House Wife

11. Industry or business

FATHER
12. Name Henry Whistler
13. Birthplace Perry Co. (City, town, or county) 0 Missouri (State or foreign country)

MOTHER
14. Maiden name Sophia Favier
15. Birthplace Perry Co. (City, town, or county) 0 Missouri (State or foreign country)

16. (a) Informant Bernard Whisler
(b) Address Perryville Mo. Rfd

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 11 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Perryville Mo.

18. (a) Signature of funeral director Young & Sons
(b) Address Perryville Mo.

19. (a) 4-10-42 (Date received local registrar) (b) O. J. Preuss (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 8
year 1942 hour 11 minute A M.

21. I hereby certify that I attended the deceased from Jan. 1, 1941, to April 8, 1942
that I last saw him alive on April 6, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic Pneumonia

Due to Influenza

Due to

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

Major findings:
Of operations

Of autopsy

330

Duration

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?
(Specify type of place)
While at work? (e) Means of injury 0

23. Signature Dr. S. E. Peden (M. D. or other)
Address Perryville Mo. Date signed 4/9/42

1110

(Licensed Embalmer's Statement on Reverse Side)

[illegible] Office No. 4
District File Number 542-613
Date Filed 5-14-42

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 Edward C. Young

Licensed Embalmer No. 2138

P. O. Address Perryville 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.