

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

48819

FILED DEC 17 1943

1. PLACE OF DEATH
57 County LINCOLN Registration District No. 180
0 Township MONROE Primary Registration District No. 4291
1 City OLD MONROE (No. _____) St. _____ Ward _____

2. FULL NAME JOHN F. WHALEN
(a) Residence, No. OLD MONROE St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. 0 mos. ds.

File No. _____
Registered No. _____
St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE ow 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Margaret Whalen

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 30 - 1878

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
65 65 2 20

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov-10 1943

22. I HEREBY CERTIFY, That I attended deceased from 1-10, 1942 to 11-10, 1943
I last saw him alive on Nov 9, 1943 Death is said to have occurred on the date stated above, at 3:00 p. m.
The principal cause of death and related causes of importance were as follows:
myocarditis chronic Date of onset _____
arterial sclerosis

Other contributory causes of importance:
93d

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa

13. NAME James Whalen

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

15. MAIDEN NAME Holloway

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) on Ocean

17. INFORMANT (ADDRESS) Mrs Margaret Whalen

18. BURIAL, CREMATION, OR REMOVAL PLACE Old Monroe Maus DATE Nov 17 1943

19. UNDERTAKER (ADDRESS) Wheeler & Keithly
Old Monroe Mo.

20. FILED 11-8-43 19 _____
Mrs. Susan Dixon
Registrar.

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19 _____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) R. H. Hunsicker, M. D.
(Address) Old Monroe Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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