

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 18663  
Registrar's No. 138

FILED MAY 25 1944  
Registration District No. 207

Primary Registration District No. 3043

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

1. PLACE OF DEATH:

(a) County Marion  
(b) City or town Hannibal  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Levering Hosp. O  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion  
Hannibal  
(c) City or town \_\_\_\_\_ (If outside city or town limits, write "RURAL")  
(d) Street No. Windsor Hotel (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Marial Verner Whipple

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 Floy Whipple 6. (c) Age of husband or wife if alive 55 years  
7. Birth date of deceased February 2, 1887  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
57 2 15 hr. min.

9. Birthplace Hickman Kentucky (State or foreign country)

10. Usual occupation Oil Salesman

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Andrew Jackson Whipple

13. Birthplace No record (City, town, or county) (State or foreign country)

14. Maiden name No record

15. Birthplace No record (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Floy Whipple (b) Address Windsor Hotel Hannibal Mo.

17. (a) Burial (b) Date thereof 4/19/44 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Monroe City Missouri

18. (a) Signature of funeral director Wm. M. Smith (b) Address 902 Broadway Hannibal Missouri

19. (a) 4-18-44 (b) R. M. Connor (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 17 year 1944 hour 9 minute 30 P. M.

21. I hereby certify that I attended the deceased from March 1 1944 to Apr 17 1944  
that I last saw him alive on Apr 16 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis  
Due to Coronary sclerosis

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 93el  
Of autopsy \_\_\_\_\_

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 0

23. Signature Wm. M. Smith (M. D. or other) \_\_\_\_\_  
Address Hannibal Mo Date signed \_\_\_\_\_

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

1146

(Licensed Embalmer's Statement on Reverse Side)

Apr 18 1944

**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

*George T. Bond*

Licensed Embalmer No. 4373

P. O. Address Hannibal 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.**