

34508

DEPARTMENT OF COMMERCE

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

BUREAU OF THE CENSUS
FILED OCT 27 1944

Registration District No. 156

Primary Registration District No. 2001

Registrar's No. 504

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution:
Home 801 Murphy 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether)

In this community 6 yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jasper ⁴⁹

(c) City or town Joplin ²
(If outside city or town limits, write "RURAL") ⁵

(d) Street No. 801 Murphy
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country _____ no

3. (a) PRINT FULL NAME Ida Elma Whipple

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 11
year 1944 hour 7 minute 10 P.M.

21. I hereby certify that I attended the deceased from Aug. 15, 1944
to October 11, 1944

4. Sex Fe 5. Color or race W

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

6. (b) Name of husband or wife William A Whipple

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

7. Birth date of deceased: July 18 1868
(Month) (Day) (Year)

that I last saw her alive on October 11, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death: Myocardial failure

8. AGE: Years 76 Months 2 Days 23
If less than one day _____ hr. _____ min.

Due to Lymphosarcoma

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

9. Birthplace Mt Vernon Mo
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business Housewife

MOTHER FATHER

12. Name Henry Whaley

13. Birthplace Mt Vernon Mo
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Horie

15. Birthplace Joplin Mo
(City, town, or county) (State or foreign country)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Charles Whipple

(b) Address 801 Murphy Joplin, Mo.

17. (a) Removal (b) Date thereof Oct 11 44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Q.O.F. Cem Mt Vernon Mo.

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? _____

18. (a) Signature of funeral director H. D. Fossett

(b) Address Mt Vernon, Mo.

19. (a) 10-12-44 (b) John H. Schaller
(Date received local registrar) (Registrar's signature)

While at work _____ (Specify type of place)

Means of injury _____

23. Signature M. A. Loveland (M. D. XXXXX)

Address Joplin, Missouri Date signed 10-12-44

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

S. 2-43
17-39
X35897

1214

44-10-847

27
M01

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 Max L. Fossett

Licensed Embalmer No. 4252

P. O. Address Mt Vernon, 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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. Nov
Registrar's No. 504

Registration District No. 156 Primary Registration District No. 2001

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

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Joplin
(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 years, months or days)

In this community _____
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Ida E. Whipple

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex F 5. Color or race w

6. (a) Single, widowed, married, divorced w

6. (b) Name of husband or wife _____

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

7. Birth date of deceased July 18
(Month) (Day) (Year)

8. AGE: Years 76 Months 2 Days 3
If less than one day _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

13. Birthplace _____
(City, town, or county) (State or foreign country)

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

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

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

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ Day _____
Year 1944 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____; that I last saw him/her alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death myocardial infarction

Due to Lymphosarcoma
Lymphosarcoma is a disease from which no one ever recovers. To far advanced when first seen to even guess at the seat of primary lesion.

Other conditions _____
(include pregnancy within 3 months of death)

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

Major findings: Of operations _____

Of autopsy 552

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? _____

While at work? _____
(Specify type of place)

(e) Means of injury _____

23. Signature J. S. Loveland (M. D. or other) _____
Address Joplin, Missouri Date signed _____

SUPPLEMENTARY

