

S. No. 2
OM-2-43
v. 5-17-39
P-1 X35397

26744

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

FILED SEP 10 1946 STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 101

Primary Registration District No. 5399

Registrar's No. 45

1. PLACE OF DEATH:

(a) County Douglas

(b) City or town Roy Rural Campbell
(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 _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Douglas 34

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

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

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

3. (a) PRINT FULL NAME Della Whetsten

3. (b) If veteran, name war _____

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Charley Whetsten

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

7. Birth date of deceased August 27, 18-9
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 21
year 1946 hour 10 minute P. M.

21. I hereby certify that I attended the deceased from 6-20
1946, to 6-20, 1946
that I last saw h ER alive on 6-20
and that death occurred on the date and hour stated above. 1946

8. AGE:	Years	Months	Days	If less than one day
	<u>56</u>	<u>9</u>	<u>24</u>	_____ hr. _____ min.

Immediate cause of death apoplexy

Due to _____

Due to _____

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

10. Usual occupation Housewife

11. Industry or business _____

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

Major findings: Of operations ER

Of autopsy _____

MOTHER FATHER

12. Name Johnny Robbins

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

14. Maiden name Mary Smith

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

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? _____

16. (a) Informant Ralph Hampton

(b) Address Roy Missouri

17. (a) Burial (b) Date thereof 6-23-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Goodhope

18. (a) Signature of funeral director Clinkinbeard Funeral Home

(b) Address Ava, Missouri

19. (a) Aug 2-46 (b) Wesley Bushman
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(c) Means of injury 2

23. Signature D. P. P. Walker (M. D. or other) DD

Address Ava Mo. Date signed 6-28-46

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

23590

84

RECEIVED

District Health Officer No. 6,

District File Number 946-902

Date Filed SEP 4 - 1946

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 W.B. Hutchison

Licensed Embalmer No. 3731

P. O. Address Asa Md

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.