

National Office of Vital Statistics
FILED FEB 6 1948

State File No. **829**

Registration District No. **128**

Primary Registration District No. **2000**

Registrar's No. **87**

1. PLACE OF DEATH:

(a) County Greene
 (b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution O'Reilly VA Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 Mo. 19 Days
(Specify whether)
 In this community Same
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Michigan (b) County Calhoun
 (c) City or town Battle Creek
(If outside city or town limits, write "RURAL")
 (d) Street No. 61 Bennett Street
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Mabel I. Whiteman

3. (b) If veteran, name war World War II 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased February 3, 1909
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
38 11 27 _____ hr. _____ min.

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

10. Usual occupation Nurse

11. Industry or business _____

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant VA Records

(b) Address Sold Mo.

17. (a) Removal (b) Date thereof 1-31-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Battle Creek, Mich

18. (a) Signature of funeral director Edgar J. ...

(b) Address Springfield Mo

19. (a) 1-30-48 (b) W. J. Handley MD
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 29
 year 1948 hour 11 minute 00 P.M.

21. I hereby certify that I attended the deceased from November 11, 1947 to January 29, 1948
 that I last saw him or alive on January 29, 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary congestion & edema of lungs, Atelectasis, right upper lobe

Due to _____
 Due to _____

Other conditions Petechial hemorrhage, epicardium hemorrhage, subcapsular & intrasplenic. Aspiration stomach contents

Major findings: Orthoplasty, 1st metatarsal-phalangeal joint, left foot.
 Of autopsy Same as above.

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 PAUL L. EISELE (M. D. XXXX)

Address O'Reilly VA Hospital Date signed 1-30-48

Duration

PHYSICIAN

Underline the cause of which death should be charged statistically.

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

JUN 1 1949

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

L. Dublin Gannon

Licensed Embalmer No. *3177*

P. O. Address *Springfield, 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.