S. No. 2
M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27168

FILED SEP 7 1948

Registration District No. 251

Primary Registration District No. 3048

Registrar's No.

1. PLACE OF DEATH:
(a) County Nodaway
(b) City or town Maryville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Francis Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 75 days (Specify whether)
In this community 70 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Atchison 3
(c) City or town Tarkio Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME JOSEPH WHALEN
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex male 0
5. Color or race white
6. (a) Single, widowed, married, divorced widowed 2
6. (b) Name of husband or wife Myrtle Burg Whalen
6. (c) Age of husband or wife if alive 1 years
7. Birth date of deceased (Month) (Day) (Year) 1868

8. AGE: Years 80 | Months | Days | If less than one day hr. min.

9. Birthplace Atchison (City, town, or county) Missouri (State or foreign country) 0
10. Usual occupation Farming
11. Industry or business
FATHER
12. Name Andrew Whalen
13. Birthplace Ireland (City, town, or county) (State or foreign country) 4
MOTHER
14. Maiden name Catherine Oconner
15. Birthplace ********** (City, town, or county) (State or foreign country) 9
16. (a) Informant Mildred Whalen
(b) Address Tarkio Missouri 48
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 19-48 (Month) (Day) (Year)
(c) Place: burial or cremation Home Cemetery
18. (a) Signature of funeral director J M Davis
(b) Address Tarkio, Mo.
19. (a) 8-2-48 (Date received local registrar) (b) Betty Crabtree (Registrar's signature) 229

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 16
year 1948 hour 6 minute 25p M.

21. I hereby certify that I attended the deceased from 8-3- 1947, to 7-16 1948
that I last saw him alive on 7-13 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Uremia	4 mos
Due to: Chr. Nephrosclerosis	2 yrs +
Hypertensive Cardio Vascular Dis.	
Due to: Gen. Arteriosclerosis	5-10 yrs
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy 9 3 5

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature [signature] (M. D. or other) MD
Address Tarkio, Mo. Date signed 7-19-48

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

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 Frat A. Browning

Licensed Embalmer No. 333 L

P. O. Address Darlis 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.