

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 24 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Registration District No. 360

Primary Registration District No. 3076

Registrar's No. 135

1. PLACE OF DEATH:
(a) County VERNON
(b) City or town NEVADA
(c) Name of hospital or institution: SUNDERWINE Road Home - No CEDAR
(d) Length of stay: 8 months
In this community LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County Putnam
(c) City or town Hume, Mo - Rural Howard
(d) Street No. E of Hume - Howard P.O.
(e) Citizen of foreign country? NO

3. (a) PRINT FULL NAME JOHN WHALEN

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 SINGLE

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

7. Birth date of deceased JAN 21 1865

8. AGE:	Years	Months	Days	If less than one day
	<u>83</u>	<u>6</u>	<u>23</u>	hr. _____ min. _____

9. Birthplace Vernon Co. Mo

10. Usual occupation ROBINSON FARMER

11. Industry or business _____

12. Name UNKNOWN

13. Birthplace UNKNOWN

14. Maiden name UNKNOWN

15. Birthplace " "

16. (a) Informant Royal Morrell

(b) Address Windsor, Mo.

17. (a) Bural (b) Date thereof 8/14/48

(c) Place: burial or cremation HOME CONCRETE

18. (a) Signature of funeral director Booth

(b) Address Rich Hill Mo

19. (a) 8-19-48 (b) Richard Hancus

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 13 year 1948 hour 3:30 minute 2 M.

21. I hereby certify that I attended the deceased from Aug 12 1948 to Aug 13 1948
that I last saw him alive on Aug 13 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Congestive HF Failure Duration 3 days

Due to Chronic Myocarditis

Due to Hypertensive C.V.R. Disease

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

Major findings: Of operations _____

Of autopsy None

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? _____

(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 Wm Hall III M.D. Address Nevada Mo Date signed 8/15/48

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 7,

District File Number 7-48-959

Date Filed 8-22-48

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 John H Underwood
Licensed Embalmer No. 3585
P. O. Address Butler 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.