

No. 300
M-10-47
v. 5-17-39
I 3908

FILED NOV 12 1948
Registration District No. **136**

Primary Registration District No. **200**

Registrar's No. _____

1. PLACE OF DEATH: **Jasper**
(a) County _____
(b) City or town: **Joplin**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2324 Xenia St. Joplin, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: **25** Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: **Missouri** (b) County: **Jasper**
(c) City or town: **Joplin**
(If outside city or town limits, write "RURAL")
(d) Street No.: **2339 Xenia**
(If rural, give location)
(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country: _____

3. (a) PRINT FULL NAME: **EUEL DEMPSY WHALEY**

3. (b) If veteran, **W W 1** 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: **Oct. 19, 1895**
(Month) (Day) (Year)

8. AGE: Years **53** Months **0** Days **15** If less than one day hr. _____ min. _____

9. Birthplace: **Aurora, Mo.** (City, town, or county) (State or foreign country)

10. Usual occupation: **Laborer**

11. Industry or business _____

12. Name: **John B. Whaley**

13. Birthplace: **Verona, Mo.** (City, town, or county) (State or foreign country)

14. Maiden name: **Ollieatha Griffith**

15. Birthplace: **Harrisonville, Mo.** (City, town, or county) (State or foreign country)

16. (a) Informant: **Mrs. Ollieatha Whaley**

(b) Address: **2339 Xenia, Joplin, Mo.**

17. (a) **BURIAL** (b) Date thereof: **NOV 6, 1948** (Month) (Day) (Year)

(c) Place: burial or cremation: **FOREST PARK CEM., JOPLIN**

18. (a) Signature of funeral director: **HURL BUT-GLOVER**

(b) Address: **422 SERGEANT, JOPLIN**

19. (a) **11-5-48** (b) _____ (Date received local registrar's certificate)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **November 3** day **3** year **1948** hour **11** minute **PM**

21. I hereby certify that I attended the deceased from **Oct 29, 1948** to **Nov 2, 1948** and that death occurred on the date and hour stated above. **im** alive on **Nov 3, 1948**

Immediate cause of death: **Acute heart failure**

Due to: **Coronary insufficiency**

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

Major findings: Of operations: _____ Of autopsy: **9/4/48**

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) (c) Means of injury _____

28. Signature: **J.P. Meigan** (M.D. or other) **MD** Date signed: **11/4/48**

521 W 4th Joplin, Mo

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

MOTHER FATHER

NOV 12 1948

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 Dale Glover

Licensed Embalmer No. 4593

P. O. Address Joplin, 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.