

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

NOV 14 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Camp
43124
Do not use this space.

1. PLACE OF DEATH

(a) County GREENE Registration District No. 378
(b) Township SPRINGFIELD Primary Registration District No. 2001 Registered No. 993
(c) City SPRINGFIELD (d) Street No. 220 E. Court St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence No. 220 E Court St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 13, 1927
7. AGE YEARS 11 MONTHS 7 DAYS 8 If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Student
9. Industry or business in which work was done, as saw mill, bank, etc. In school
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

FATHER 13. NAME Harley Whisler

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Okla.

MOTHER 15. MAIDEN NAME Helen Pickering

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Harley Whisler
Springfield Mo.

18. BURIAL, CREMATION, OR REMOVAL Maple Park Cemetery, Dec. 22 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. J. Higgins Co.
Springfield Mo.

20. FILED Dec 27, 1938 Local Registrar 290

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 31 19 38

22. I HEREBY CERTIFY, (That I attended deceased from Oct 31 19 38 to Nov 20 19 38)
I last saw him alive on Nov 20 19 38 Death is said to have occurred on the date stated above, at 11/20/38.

The principal cause of death and related causes of importance were as follows:

Chronic Glomerulo-nephritis

Date of onset ?

Other contributory causes of importance: 1/3

Name of operation none Date of

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) J. J. Kasper, M. D.

(Address) Springfield 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 J. B. King

Licensed Embalmer No. 3358

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, above space should be left blank.