REG'D SEP 14 1939

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

30416
Do not use this space.

1. PLACE OF DEATH
(a) County Texas
(b) Township Burdine
or
(c) City
Registration District No. 862
Primary Registration District No. 6135
Registered No. 11
(d) Street No. 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 41 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 323 Elmer Whetstire
(a) Residence, No. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Nira Whetstire
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept 17 1872
7. AGE: Years 66 Months 10 Days 17 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Farmer
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year): Aug 1939
11. Total time (years) spent in this occupation: all of life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Iowa.

FATHER
13. NAME: John Whetstire
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown.

MOTHER
15. MAIDEN NAME: Margaret Longwell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown.

17. INFORMANT (ADDRESS): Everett Whetstire Cabool Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Cabool DATE Aug 6 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Gaylord L. Elliott Cabool Mo.
20. FILED Sept 1 1939 Mrs. Clovis Cunningham Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug 4 1939
22. I HEREBY CERTIFY, That I attended deceased from Aug 3 1939, to Aug 4 1939
I last saw him alive on Aug 4 1939. Death is said to have occurred on the date stated above, at 7:30 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
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?
If so, specify
(Signed) , M. D.
(Address)

(Licensed Embalmer's Statement on Reverse Side)

NOTE: 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.

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.

RECEIVED
District Health Officer No. 5,
District File Number 939150
Date Filed 9-5-39

Signed Gaylord V. Elliott

Licensed Embalmer No. 2252

P. O. Address Cabool Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.