

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

40311
Do not use this space.

1. PLACE OF DEATH *1007*
 (a) County *Monroe* ² Registration District No. *588*
 (b) Township *1* Primary Registration District No. *4343* Registered No. *39*
 (c) City *Monroe City* (d) Street No. *325 Catherine* 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 *30* yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME *Melvin Whipple*
 (a) Residence, No. *325 Catherine* 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

3. SEX *Male* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Rilla Whipple*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Sept. 22nd 1857*

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<i>82</i>	<i>2</i>	<i>7</i>	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. *Restaurant*

9. Industry or business in which work was done, as saw mill, bank, etc. *Proprietor - retired*

10. Date deceased last worked at this occupation (month and year) *3 yrs.* Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) *Randolph Co* (STATE OR COUNTRY) *N.Y.*

FATHER

13. NAME *Henry Whipple*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *New York*

MOTHER

15. MAIDEN NAME *Sarah A. Burton*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Mass.*

17. INFORMANT *Rilla Whipple* (ADDRESS) *Monroe City Mo*

18. BURIAL, CREMATION, OR REMOVAL OF PLACENT *Macomb Bk* DATE *Dec. 2nd 1939*

19. FUNERAL DIRECTOR (NAME) *Wilson & Son* (ADDRESS) *Monroe City Mo*

20. FILED *12/1* 1939 *W.D. Pipkin* Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Nov. 29th 1939*

22. I HEREBY CERTIFY, That I attended deceased from *July 19, 1939*, to *Nov. 29, 1939*
 I last saw h. *Nov. 29, 1939* alive on *Nov. 29, 1939*. Death is said to have occurred on the date stated above, at *8:05 p.m.*
 The principal cause of death and related causes of importance were as follows:
Mitral Stenosis
Chronic Myocarditis

Date of onset
<i>1919</i>
<i>1919</i>

Other contributory causes of importance: *None*

Name of operation _____ 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 _____, 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? *No*
 If so, specify _____
 (Signed) *F. M. Lemmon, D.O.* M. D.
513 (Address) *Monroe City, Mo.*

RECEIVED

District Health Officer No. 10

District File Number 12-39-2097

Date Filed DEC 7 1939

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 Leslie L. Wilson

Licensed Embalmer No. 3014

P. O. Address Monroe City, 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.