

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

21252  
Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan 3 Registration District No. 85  
 (b) Township 0 Primary Registration District No. 1001 Registered No. 657  
 (c) City St. Joseph (d) Street No. State Hosp # 2 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 0 yrs. 1 mo. 13 ds. (f) How long in U. S., if of foreign birth? yrs. mo. ds.

2. PRINT FULL NAME John F. Whetzel  
 (a) Residence, No. Union Star, Mo. 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 Mrs. John F. Whetzel

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 9, 1861

7. AGE YEARS 78 MONTHS 6 DAYS 7 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) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Salem, Illinois

FATHER 13. NAME Daniel Whetzel

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

MOTHER 15. MAIDEN NAME Matilda Sabin

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

17. INFORMANT Records State Hosp # 2 (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL Wheatville Mo DATE June 17 40 19

19. FUNERAL DIRECTOR (NAME) Wm. J. Nelson (ADDRESS) Ray City Mo

20. FILED 6/17/40 19 Wheatville Local Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 16 1940

22. I HEREBY CERTIFY, That I attended deceased from May 3 1940 to June 16 1940

I last saw him alive on June 15 1940 Death is said to have occurred on the date stated above, at 5:00 a.m.

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

arteriosclerotic Heart Disease 2 6-9-40

45A

Other contributory causes of importance: Senile Psychosis Nov 1939

Name of operation none Date of \_\_\_\_\_

What test confirmed diagnosis? Chit hat Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no 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) D. P. Johnson, M. D.

85 (Address) State Hosp # 2  
St. Joseph, Mo.

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.

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**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 Lucile M. Wilson

Licensed Embalmer No. 2830

P. O. Address King 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.**