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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILLED OCT 20 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31716

Registration District No. 398 Primary Registration District No. 3019 Registrar's No. 267

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Independence D. O.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 515 W. Van Horn Rd.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 30 Days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Oklahoma (b) County 999
(c) City or town Oklahoma City 340
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years

3. (a) PRINT FULL NAME Mathew Ernest Whetstone
3. (b) If veteran, name war None
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Jan (Month) 29 (Day) 1892 (Year)

8. AGE: Years 49 Months 8 Days 11 If less than one day hr. min.

9. Birthplace Harvey Co. (City, town, or county) Kansas (State or foreign country)
10. Usual occupation Chiropractor
11. Industry or business
FATHER
12. Name Isborn Whetstone
13. Birthplace Paulding Co. (City, town, or county) Ohio (State or foreign country)
MOTHER
14. Maiden name Alpharetta Mahan
15. Birthplace Paulding Co. (City, town, or county) Ohio (State or foreign country)
16. (a) Informant Edward Whetstone
(b) Address Oklahoma City Okla.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 10/11/41 (Month) (Day) (Year)
(c) Place: burial or cremation Canton, Oklahoma
18. (a) Signature of funeral director George C. Carson
(b) Address Independence Mo.
19. (a) Oct. 11-41 (Date received local registrar) (b) F. L. Cook M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 10 year 1941 hour 6:15 minute P. M.
21. I hereby certify that I attended the deceased from September Sept. 27, 1941, to Oct 10, 1941; that I last saw him alive on October 9, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Acute Cardiac Dilatation
Due to Chronic Myocarditis
Due to Malignant Hypertension
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations 93d
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature F. J. Lamma (M. D. or other) D.O.
Address 204½ N. Whitney - Indep. Mo Date signed 10-11-41

200 (Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No. 2467

P. O. Address. Independence, M

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

If this body is not embalmed, fact should be so stated above.