

FILED MAR 11 1942

Registration District No. **408**

Primary Registration District No. **3020**

Registrar's No. **43**

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

19  
1  
3

1. PLACE OF DEATH:

(a) County **Jasper**

(b) City or town **Carthage City**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **McCune Brooks Hospital**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **Two Hours**  
(Specify whether)

In this community **20 Years**  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jasper**

(c) City or town **Rural**  
(If outside city or town limits, write "RURAL")

(d) Street No. **Morgan Heights**  
(If rural, give location)

(e) Citizen of foreign country? **No.** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Josiah W Whipple**

3. (b) If veteran, name war **None**

3. (c) Social Security No. **None**

4. Sex **Male**

5. Color or race **White**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Velma**

6. (c) Age of husband or wife if alive **Unknown** years

7. Birth date of deceased **April 19 1887**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>54</b>	<b>10</b>	<b>8</b>	_____ hr. _____ min.

9. Birthplace **Pleasant Gap Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Supt Poultry Plant**

11. Industry or business **Poultry**

12. Name **Nathaniel L Whipple**

13. Birthplace **Unknown Mass.**  
(City, town, or county) (State or foreign country)

14. Maiden name **Malvina Wayland**

15. Birthplace **Unknown Virginia**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs J W Whipple**

(b) Address **Morgan Heights**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **March 2, 1942**  
(Month) (Day) (Year)

(c) Place: burial or cremation **Park Cemetery**

18. (a) Signature of funeral director **Knell Mortuary**

(b) Address **Carthage Mo**

19. (a) **Mar 2, 1942** (Date received local registrar) (b) **Elyzetha Couplin** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb** day **27** year **1942** hour **10** minute **35 P.** M.

21. I hereby certify that I attended the deceased from **8 PM Feb 27 1942** to **Feb 27 1942**  
that I last saw him alive on **Feb 27 1942**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral hemorrhage, right** Duration **2 1/2 hrs.**

Due to **Hypertension, chronic more than 2 yrs.**

Due to **Obesity, exogenous** **5 yrs.**

Other conditions **myocarditis, chronic** **2 yrs. +**

(Include pregnancy within months of death)

PHYSICIAN

Major findings: **938**

Of operations \_\_\_\_\_

Of autopsy **none**

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(e) Months of injury \_\_\_\_\_

23. Signature **Emory W. [Signature]** (M. D. or other) **938**

Address **Carthage Mo** Date signed **3/2/42**

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 John D. Batchelder

Licensed Embalmer No. 4653

P. O. Address Carthage 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, fact should be so stated above.