S. No. 2
M—8-43
7. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4700

FILED MAR 28 1946

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 223

1. PLACE OF DEATH:
(a) County: Buchanan
(b) City or town: St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri Methodist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 7 hours (Specify whether years, months or days)
In this community: 7 hours

2. USUAL RESIDENCE OF DECEASED:
(a) State: Kansas (b) County: Doniphan 999
(c) City or town: Troy, (Rural) 14
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 2
If yes, name country

3. (a) PRINT FULL NAME: Byron Kenneth Whetstine
3. (b) If veteran, name war: no
3. (c) Social Security No.: none
4. Sex: M
5. Color or race: W
6. (a) Single, widowed, married, divorced: Single
6. (b) Name of husband or wife: —
6. (c) Age of husband or wife if alive: — years
7. Birth date of deceased: Feb. (Month) 23 (Day) 1929 (Year)

8. AGE: Years	Months	Days	If less than one day
16	11	28	hr. min.

9. Birthplace: Troy (City, town, or county) Kansas (State or foreign country)
10. Usual occupation: Student
11. Industry or business:
MOTHER FATHER
12. Name: Byron K. Whetstine
13. Birthplace: Troy, Kansas (City, town, or county) (State or foreign country)
14. Maiden name: Ollie Kuebler
15. Birthplace: Vernon Co. (City, town, or county) Mo (State or foreign country)
16. (a) Informant: Byron K. Whetstine
(b) Address: Troy, Kansas
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: Feb. 21, 1946 (Month) (Day) (Year)
(c) Place: burial or cremation: Troy, Kansas
18. (a) Signature of funeral director: E. O. Kare
(b) Address: Troy, Kansas
19. (a) 2-22-46 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb 21 day 21 year 1946 hour 4 minute 50 P.M.
21. I hereby certify that I attended the deceased from Feb 21, 1946, to Feb 21, 1946 that I last saw him alive on Feb 21, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Diabetic Acidosis & Coma	2 days
Due to:	
Due to: Diabetes Mellitus	1941
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

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: [illegible] (M. D. ~~or other~~) M
Address: St. Joseph 8 Mo Date signed 2-22

(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 O. R. Karr

Licensed Embalmer No. 2532

P. O. Address Iola Kans.

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.