S. No. 2
OM—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 10 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

15849

State File No.

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 549

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: Isolation Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day (Specify whether
In this community Lifetime
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")

(d) Street No. 5816 Grant St.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME John William Whetsell

3. (b) If veteran, name war no

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife none

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

7. Birth date of deceased January (Month) 18, (Day) 1946 (Year)

8. AGE:

Years	Months	Days	If less than one day
0	3	26	hr. min.

9. Birthplace St. Joseph, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation infant

11. Industry or business none

FATHER
12. Name William J. Whetsell
13. Birthplace Amity, Missouri
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Ann Plekan
15. Birthplace St. Joseph, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant William J. Whetsell
(b) Address 5816 Grant St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/13/46 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Olivet Cemetery

18. (a) Signature of funeral director John E. Kupp
(b) Address 6054 Pryor Ave., City

19. (a) May 14, 1946 (Date received local registrar) (b) [signature] (Registrar's signature) By V. H.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 12 year 1946 hour 1 minute 35 P.M.

21. I hereby certify that I attended the deceased from May 11, 1946 to May 12, 1946 that I last saw him alive on May 12, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Meningitis, epidemic form (Meningococcus)	2 da
Due to	
Due to	
Other conditions None (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 W Roger Moore (M. D. or other)
Address St Joseph Mo Date signed 5/13/46

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(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, o[redacted] .....

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed John E. Rupp

Licensed Embalmer No. 3986

P. O. Address St. Joseph, 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.