

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

1. PLACE OF DEATH:

(a) County AUDRAIN

(b) City or town RURAL - SALING TWP.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 16 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State OHIO (b) County LUCAS 999

(c) City or town MONCLOVA - RURAL 33
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location) 0

(e) Citizen of foreign country? NO (Yes or No) 2
If yes, name country _____

3. (a) PRINT FULL NAME KERN W. WHALEN

3. (b) If veteran, L name war _____

3. (c) Social Security No. 387-05-3001

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 23rd year 1946 hour 2 minute P M.

21. I hereby certify that I attended the deceased from Crown Case 19____ to 19____
that I last saw him alive on No funeral 19____ and that death occurred on the date and hour stated above.

4. Sex MALE 5. Color or race WHITE

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

6. (b) Name of husband or wife LEONA WHALEN

6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased SEPT. 26 - 1891
(Month) (Day) (Year)

Immediate cause of death Heart Condition Duration _____
Symptoms: Related left ventricle
No evidence of violence

Due to Chronic Myocarditis
blind suddenly while

Due to at work

Other conditions none
(Include pregnancy within 3 months of death)

8. AGE: Years 55 Months 11 Days 27
If less than one day hr. _____ min. _____

9. Birthplace LANSING Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation CARPENTER

Major findings: 93D

Of operations _____

Of autopsy Enlarged pericardial sac

Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name unknown

13. Birthplace H 9
(City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace " 9
(City, town, or county) (State or foreign country)

16. (a) Informant Raymond Shat

(b) Address Sturgeon Mo

17. (a) REMOVAL (Date thereof Sept. 24 1946)
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. _____

18. (a) Signature of funeral director Barnes & Bortle

(b) Address Sturgeon, Mo.

19. (a) Self 33-46 (b) Blanche Neely
(Date received local registrar) (Registrar's signature)

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? Yes (Specify type of place) _____
(e) Means of injury none 3
Coroner

23. Signature E. C. Adams (M. D. or other) _____
Address Wepico, Mo. Date signed 9-23-46

SEP - 7 1946

OCT 22 1946

RECEIVED
District Health Officer No: 10
District File Number 10-46-1884
Date Filed OCT 14 1946

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..... *A. E. Boothe*

Licensed Embalmer No. *4087*

P. O. Address. *Sturgeon, 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.