No. 2
1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 5282

FILED FEB 19 1948

Registration District No. 1486 — Primary Registration District No. 2001 — Registrar's No.

1. PLACE OF DEATH:
(a) County: Jasper
(b) City or town: Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Joplin General Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community: 10 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jasper
(c) City or town: Joplin
(If outside city or town limits, write "RURAL")
(d) Street No.: 107 No. Winfield
(If rural, give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME: EARNest Thomas Whetstone
3. (b) If veteran, name war: World War #1
3. (c) Social Security No.:

4. Sex: Males
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Ethel
6. (c) Age of husband or wife if alive: 57 years
7. Birth date of deceased: January (Month) 9 (Day) 1902 (Year)

8. AGE: Years 46 | Months 0 | Days 21 | If less than one day ..... hr. ..... min.

9. Birthplace: Parson (City, town, or county), Kansas (State or foreign country)
10. Usual occupation: Truck Driver
11. Industry or business: Powell Bros Truck Lines

FATHER
12. Name: O. Whetstone
13. Birthplace: (City, town, or county) Unknown (State or foreign country)

MOTHER
14. Maiden name: Unknown
15. Birthplace: (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs Ethel Whetstone
(b) Address: 107 N. Winfield St. Joplin Mo.
17. (a) Burial: (Burial, cremation, or removal) (b) Date thereof: 2-2-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt. Hope Cem
18. (a) Signature of funeral director: Thomas Hill - Dillon Mortuary
(b) Address: Joplin, Mo
19. (a) 2-19-48 (Date received by local registrar) (b) Ed D. James (Registrar's signature) 134

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 30 year 1948 hour 3 minute 10 A.M.

21. I hereby certify that I attended the deceased from July 8, 1947, to Jan. 30, 1948, that I last saw him alive on Jan. 30, 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chr. Silico-Pulmonary Tuberculosis acute exacerbation.	?
Due to: Injury to Right groin, testicle	9 Mo's.
Due to:	
Other conditions (include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

PHYSICIAN — Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify): Accident Contributory
(b) Date of occurrence: May 10, 1946.
(c) Where did injury occur? At work. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? In Industrial Place. (Specify type of place)
While at work? Yes (e) Means of injury: struck by bar

23. Signature: W. B. Chapman (M. D. or other)
Address: Joplin, Mo Date signed 1-30-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

48-1-128

APR 27 1948

MAR 10 1948

FEB 20 1948

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 Cecil A. Monthill

Licensed Embalmer No. 3590

P. O. Address Joplin, 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.

S. No. 2B
M—3-45
I X43880

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. March

Registration District No. 156 Primary Registration District No. 2001 Registrar's No.

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution:

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

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

In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

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

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

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

If yes, name country

3. (a) PRINT FULL NAME Earnest T. Whetstone

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Jan (Month) 9 (Day) 1 (Year)

8. AGE: Years 46 Months 0 Days 2 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name unknown
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) Dolores Lampkins D.R. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 30 year 1948 hour minute M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to	
Due to	
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 (M. D. or other)

Address Date signed

SUPPLEMENTARY

S-5282 1948