

FILED JUL 2 1943  
Registration District No. **467 175**

Primary Registration District No. **4280 3036**

Registrar's No. **66**

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

1. PLACE OF DEATH:

(a) County Lawrence  
(b) City or town Aurora  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
308 West Olive St  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
In this community 5 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence  
(c) City or town Aurora  
(If outside city or town limits, write "RURAL")  
(d) Street No. 308 West Olive St  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country..... 0

3. (a) PRINT FULL NAME Charles Boyd Whalen

3. (b) If veteran, name war.....  
3. (c) Social Security No.....

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced, Widowed  
6. (b) Name of husband or wife Verbal Whalen  
6. (c) Age of husband or wife if alive..... years  
7. Birth date of deceased March 23 1888  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>55</u>	<u>1</u>	<u>9</u>	..... hr. .... min.

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

10. Usual occupation Retired School Teacher

11. Industry or business.....  
12. Name John Whalen  
13. Birthplace ? Ky.  
(City, town, or county) (State or foreign country)  
14. Maiden name Lucy Melling  
15. Birthplace ? Ky.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Nellie Gates  
(b) Address Aurora Mo.

17. (a) Burial (b) Date thereof 5/4/43  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Springfield Mo.

18. (a) Signature of funeral director J. F. King  
(b) Address Aurora Mo.

19. (a) 5-3-1943 (b) Lucille Greene  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 1  
year 1943 hour 9 minute 30P. M.

21. I hereby certify that I attended the deceased from April 27 1943 to May 1 1943  
that I last saw him alive on May 1 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death.....  
Coronary thrombosis 5 minutes  
Due to Chronic Myocarditis Not Known  
with Valvular Lesions

Other conditions Myocardial Failure,  
(Include pregnancy within 4 months of death)  
State - 1 week

Major findings:  
Of operations..... none  
Of autopsy..... none

Duration  
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?

23. Signature Lucille Greene (M. D. or other) MD  
Address 16 E. Grand St Date signed 5/2/43  
Aurora, Mo

RECEIVED

District Health Officer No. 6,

District File Number 643-797

Date Filed \_\_\_\_\_

JUN 29 1949

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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 Herman Surridge  
Licensed Embalmer No. 3072  
P. O. Address Aurora 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.