

Christ Episcopal Church Cemetery Inventory

State and Water Streets, Dover DE 19903

Lot Number: 20 Space: H

F.A.G.# 11973453

Name: **Whelen, Margaret Crouch**

Birth date: November 13, 1907 Death date: November 13, 1967 Age: 60

Spouse: William Nevins Whelen Sr. (1907-1994)

Children:

Parents:

Siblings:

Residence: Georgetown, DE

Cause of death/Burial/Obituary: Aneurysm of thoracic aorta

Service/occupation information:

Officiate:

Lot Owner: Mrs. Sarah A. Smith

Inscription:

Margaret Crouch Whelen
Nov. 13, 1907
Nov. 13, 1967

DIMENSIONS: H 10" x W 20" x D 8"

STYLE: small headstone

Repairs: cleaned summer 2021



Inventory date: September 16, 2019 Recorder: Ted George

HVS-20150 REV. 12/64
M. E. CASE NO. 5122
COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH
VITAL STATISTICS
FILE NO. 112653-67
REGISTERED NO. 21765

PRIMARY DISTRICT NO. 80 X MEDICAL EXAMINER'S CERTIFICATE OF DEATH

908
39

022X

Established November 1967

6

TYPED BY **dr**

1. APPARENT PLACE OF DEATH GRADUATE HOSPITAL		3. USUAL RESIDENCE a. State DEL. b. County SUSSEX	
2. a. PHYSICIAN PRONOUNCING DEATH DR. P. NEMIR JR.		2. b. DATE AND TIME OF PRONOUNCEMENT 11-13-67	
2. c. PLACE OF PRONOUNCEMENT GRADUATE HOSP. PHILADELPHIA		c. City, Borough, or Township RD#4 GEORGETOWN	
4. NAME OF DECEASED a. (First) MARGARET		d. Street Address SHINGLE POINT ROAD	
b. (Middle)		c. (Last) WHELEN	
d. (Also known as)		5. SEX FEMALE	
6. RACE WHITE		7. DATE OF BIRTH 11-13-1907	
8. AGE 60		9. MARITAL STATUS MARRIED	
10. VETERAN Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		11. CITIZENSHIP U.S.A.	
12. USUAL OCCUPATION HOUSEWIFE		13. SOCIAL SECURITY NUMBER	
14. BIRTHPLACE PENNA.		15. FULL NAME OF SPOUSE WILLIAM N. WHELEN	
16. MOTHER'S MAIDEN NAME SARAH SMITH		17. FATHER'S NAME MATHEW CROUCH	
18. INFORMANT'S NAME WILLIAM N. WHELEN		19. RELATIONSHIP HUSBAND	
20. MEDICAL CERTIFICATION: I hereby certify that on the basis of the investigation and examination of the body, in my opinion, death occurred on the date and time stated above and the causes of death were: ATTEMPTED REPAIR OF ANEURYSM OF THORACIC AORTA			
21. a. CIRCUMSTANCES OF SIGNIFICANT INJURY, IF NONE, STATE "NONE" (Information regarding the facts of this death may be requested from the office of the Philadelphia Medical Examiner.) ELECTIVE SURGERY			
21. b. DATE AND TIME OF INJURY 11-13-67 1:30P.		21. c. WHILE AT WORK Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
22. WAS AUTOPSY PERFORMED? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		23. MANNER OF DEATH OPERATIVE	
24. SIGNATURE <i>J. Campbell</i>		25. DATE SIGNED 11-14-67	
OFFICE OF MEDICAL EXAMINER 13TH AND WOOD STREETS PHILA., PA. 19107			
THE INFORMATION ABOVE SHALL NOT BE ALtered EXCEPT BY THE VITAL STATISTICS DIVISION OR THE MEDICAL EXAMINER			
26. a. BURIAL <input checked="" type="checkbox"/> CREMATION REMOVAL <input type="checkbox"/>		26. b. DATE Nov 16, 1967	
27. DATE REC'D BY REGISTRAR 11-14-67		28. REGISTRAR'S SIGNATURE <i>Walter J. Lucanotte</i>	
29. SIGNATURE OF FUNERAL DIRECTOR <i>Robert M. Woodland Jr.</i>		26. d. LOCATION (CITY, COUNTY, STATE) Christ Churchyard Cemetery Dover, Kent Co., Del.	
ADDRESS Trainer, Penna.			