

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

6779
Do not use this space.

MAR 20 1939

1. PLACE OF DEATH

(a) County Jackson Registration District No. 3 400
 (b) Township Chaine Primary Registration District No. 5559B
 (c) City Little Blue (d) Street No. Old Folks Home Registered No. 47
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth 16 yrs. mos. da.

2. PRINT FULL NAME

(a) Residence, No. 400 Jack Whaley 1921 E. 9th St. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Dolly Whaley - Deceased
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 18 1869
 7. AGE YEARS 70 MONTHS _____ DAYS _____ If LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Unemployed
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lee Co. Ga.

FATHER 13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Ga.

MOTHER 15. MAIDEN NAME Unknown Ga.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Harry Whaley (ADDRESS) 12017 Mantgall

18. BURIAL, CREMATION, OR REMOVAL PLACE Blue Ridge DATE 2-22-39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Adkins Bros. 2000 E. 12th

20. FILED Feb 23 - 1939 William J. Fields Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-21-39
 22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1939 to Jan 21 - 1939
 I last saw him alive Feb 21 - 1939 Death is said to have occurred on the date stated above, at 7 P. m.
 The principal cause of death and related causes of importance were as follows:

Arterio-sclerotic insufficiency
 Other contributory causes of importance: 97W
 Name of operation _____ Date of _____
 What test confirmed diagnosis Phys. Exam Was there an autopsy no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury i
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify L. W. Booker, M. D.
 (Signed) _____ (Address) 2028 Vine St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

Edw J Evans

Licensed Embalmer No. _____

3876

P. O. Address _____

189 E 15 St N G 200

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, above space should be left blank.