No. 2
11-10-39
7-39
X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 5 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

18344

State File No.

Registration District No. 297 Primary Registration District No. 3016 Registrar's No. 48 (48)

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

1. PLACE OF DEATH:

(a) County Frankly

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

(c) Name of hospital or institution: St. Francis Hosp. 1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 Hours (Specify whether

In this community 3 weeks (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Franklin

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

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

(e) If foreign born, how long in U. S. A.? ✓ years.

3. (a) PRINT FULL NAME Preston Edward Whaley

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex male

5. Color or race W

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

6. (b) Name of husband or wife none

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

7. Birth date of deceased July 2 (Month) 1879 (Day) (Year)

8. AGE: Years 60 Months 7 Days 4 If less than one day hr. min.

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

10. Usual occupation farmer

11. Industry or business

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

MOTHER
14. Maiden name Mary Fletcher
15. Birthplace Wadeley (City, town, or county) Ill (State or foreign country)

16. (a) Informant Mary Kendleman

(b) Address

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/8/40 (Month) (Day) (Year)

(c) Place: burial or cremation Stanton Mo

18. (a) Signature of funeral director Sherwood Kitchell

(b) Address St. Clair, Mo.

19. (a) May 7-1940 (Date received local registrar) (b) 270 H. A. May (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 6th year 1940 hour 8 minute 10 a. M.

21. I hereby certify that I attended the deceased from May 5 1940 to May 6 1940 that I last saw him alive on May 5 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Accident (AUTO)

Due to

Due to Broken legs and Head Injury

Other conditions (Include pregnancy within 3 months of death) Struck By Auto.

Major findings: Of operations ✓

Of autopsy ✓

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) Accident

(b) Date of occurrence May 5 1940 7 P. M.

(c) Where did injury occur? On Hwy - 66 Franklin Co. Mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 4 Miles West - St. Clair Mo. (Specify type of place)

While at work? (e) Means of injury Broken legs. Struck by Auto

23. Signature W. E. Kitchell (M. D. or other)

Address St. Clair Mo Date signed 5/7/40

(Licensed Embalmer's Statement on Reverse Side)

2/10 m
9 8

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 Sherwood Kitchell

Licensed Embalmer No. 3873

P. O. Address St. Clair

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

No. 2B
-2-21-40
I X22659

ROWENA MOORE

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18344

Registration District No. 297 Primary Registration District No. 3016 Registrar's No.

SUPPLEMENTARY

1. PLACE OF DEATH:

(a) County Franklin

(b) ~~City or town~~ Washington Town (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 years, months or days) In this community

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) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Preston Edward Whaley

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 S

6. (b) Name of husband or wife

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

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 60 Months – Days 4 If less than one day hr. min.

9. Birthplace (City, town, or county) (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

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) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 6 year 1940 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.

Immediate cause of death Auto accident

Duration

Due to Walking in front of auto,

Due to Collision with Pedestrian

Other conditions Broken legs and Head and neck injury

(Include pregnancy within 3 months of death)

Major findings:

Of operations Struck by auto.

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) accident

(b) Date of occurrence May 6

(c) Where did injury occur? Central Twp. (City or town) Franklin (County) Mo. (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? On Hiway 66. (Specify type of place)

While at work? no (e) Means of injury struck by auto

23. Signature W. E. Kitchell (M.D. or other)

Address St Clair Mo Date signed