. No. 2
—1-4-41
5-17-39
I X26390

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. 25633

FILED AUG 11 1941

Registration District No. 5106 — Primary Registration District No. 5762 — Registrar's No. 84

1. PLACE OF DEATH:
(a) County: MISSISSIPPI TENNESSEE
(b) City or town: NEAR CHARLESTON (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: DEVENTER MO (POST OFFICE) (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ In this community FEW MONTHS (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: TENNESSEE (b) County: NK
(c) City or town: BROWNSVILLE Tenn. (If outside city or town limits, write "RURAL")
(d) Street No.: RURAL (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: NONE

3. (a) PRINT FULL NAME: BOKER WHITMORE
3. (b) If veteran, name war: No
3. (c) Social Security No.: NONE
4. Sex: MALE
5. Color or race: COLOR
6. (a) Single, widowed, married, divorced: MARRIED
6. (b) Name of husband or wife: MARY WHITMORE (DECD)
6. (c) Age of husband or wife if alive: — years
7. Birth date of deceased: not known (Month) (Day) (Year)
8. AGE: about 22 Years; Months; Days; If less than one day ____ hr. ____ min.
9. Birthplace: BROWNSVILLE, (City, town, or county) TENNESSEE (State or foreign country)
10. Usual occupation: FARMER
11. Industry or business: FARMING
FATHER 12. Name: NOT KNOWN
13. Birthplace: NOT KNOWN (City, town, or county) 9 (State or foreign country)
MOTHER 14. Maiden name: NOT KNOWN
15. Birthplace: NOT KNOWN (City, town, or county) 9 (State or foreign country)
16. (a) Informant: WILL GOODIN
(b) Address: CHARLESTON, MO R#3
17. (a) BURIAL + REMOVAL (Burial, cremation, or removal) (b) Date thereof: JULY 19, '41 (Month) (Day) (Year)
(c) Place: burial or cremation: BROWNSVILLE, TENN
18. (a) Signature of funeral director: LAIR-NUNNELEE
(b) Address: CHARLESTON, MO
19. (a) 7-26-41 (Date received local registrar) (b) J S Vernon (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 18 year 1941 hour 1 minute P.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: Gun shot wound of the skull self inflicted by the deceased own hands. — Duration
Due to: ____
Due to: ____
Other conditions (Include pregnancy within 3 months of death): ____
164 C
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): Suicide
(b) Date of occurrence: July 18, 1941 1 P.M.
(c) Where did injury occur? Mississippi (City or town) Co. (County) Mo. (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? In a field on farm. (Specify type of place)
While at work? — (f) Means of injury: —
23. Signature: Travis Shelby Coroner (M.D. or other)
Address: East Prairie, Mo. Date signed 7-19-41

7 L/O (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2
District File Number 841-1085
Date Filed 8-12-41

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.

Not Embalmed

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.