

S. No. 2
4-11-10-39
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 21845

FILED JUL 2 1943
Registration District No. 303

Primary Registration District No. 3037

Registrar's No. 101

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3
0

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

1. PLACE OF DEATH:

(a) County Lawrence

(b) City or town Mt. Vernon, Mo
(If outside city or town limits, write "RURAL" and name of township)

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

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

In this community _____
years, months or days)

3. (a) PRINT FULL NAME Harry Whaley

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male 5. Color or race W.

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

6. (b) Name of husband or wife Emma Whaley 6. (c) Age of husband or wife if alive 60 yrs years

7. Birth date of deceased May 18 1876
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>67</u>	<u>1</u>	<u>19</u>	hr. min.

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

10. Usual occupation Newspaper man

11. Industry or business _____

MOTHER FATHER

12. Name J. J. Whaley

13. Birthplace Tenn
(City, town, or county) (State or foreign country)

14. Maiden name Lanny Hall

15. Birthplace England
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Emma Whaley

(b) Address Mt. Vernon, Mo

17. (a) Burial (b) Date thereof June 8 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation J. O. F. Cem.

18. (a) Signature of funeral director J. D. Fossett

(b) Address Mt. Vernon Mo

19. (a) 6-9-43 (b) Andy Crawford
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Lawrence

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

(d) Street No. _____ (If rural, give location)

(e) If foreign born, how long in U. S. ? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month June day 6
year 1943 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from 1940 to June 6, 1943
that I last saw him alive on June 2, 1943
and the death occurred on the date and hour stated above.

Immediate cause of death Coronary accident.

Due to Chr. Endocarditis (Aortic + Mitral) with Myocardial Insufficiency

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations 922

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) _____

(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 Samuel Glover MD (M. D. or other) _____
Address Mt Vernon Mo Date signed 6/11/43

RECEIVED

District Health Officer No. 67

District File Number. 643-730

Date Filed JUN 28 1943

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 Max J. Fossett

Licensed Embalmer No. 4252

P. O. Address mt Vernon 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, above space should be left blank.