S. No. 2
1—5-42
5-17-39
I X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED FEB 21 1946

State File No. 5151

Registration District No. 708 Primary Registration District No. 4179 Registrar's No. 4

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

100993

1. PLACE OF DEATH:
(a) County Dunklin
(b) City or town Senath, Mo.
(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 Mo. (b) County Dunklin
(c) City or town Senath
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location) 0
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME William Jerry Whitlock
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex M 0
5. Color or race W
6. (a) Single, widowed, married, divorced W 2
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased March (Month) 31 (Day) 1885 (Year)

8. AGE: Years 60 Months 8 Days 27 If less than one day hr. min.

9. Birthplace Senath, Mo. (City, town, or county) 0 (State or foreign country)
10. Usual occupation Farming
11. Industry or business
FATHER
12. Name John Whitlock
13. Birthplace Senath, Mo. (City, town, or county) 0 (State or foreign country)
MOTHER
14. Maiden name Martha Puckett
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)
16. (a) Informant Samuel Puckett
(b) Address Senath, Mo.
17. (a) (Burial, cremation, or removal) (b) Date thereof Dec. 28, 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Lulu
18. (a) Signature of funeral director A. G. Emerson
(b) Address Paragould, Ark.
19. (a) 2/16/42 (Date received local registrar) (b) Mrs J. H. Lamb (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 27 year 1945 hour 8 minute 50 a.m.
21. I hereby certify that I attended the deceased from July 1941 19 to Dec 27 1945
that I last saw him alive on Dec 16 1945
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	1 wk
Due to: Hypertensive heart disease	D.K.
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

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)
(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? (Specify type of place)
While at work? (e) Means of injury

23. Signature M. C. Gleason (M. D. or other)
Address Cardwell, Mo. Date signed 1-30-46

(Licensed Embalmer's Statement on Reverse Side)

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FEB 23 1946

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.....

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.