

S. No. 2
1-12-45
5-17-39
1 X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 4 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3741**
Registrar's No. **20**

Registration District No. **360** Primary Registration District No. **3076**

1. PLACE OF DEATH:
 (a) County Vernon
 (b) City or town Nevada
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Nevada City Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 days
Specify whether
 In this community most of life
years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Vernon
 (c) City or town Nevada
(If outside city or town limits, write "RURAL")
 (d) Street No. 1111 West Walnut Street
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country ✓

3. (a) PRINT FULL NAME William R. Whaley
 3. (b) If veteran, name was World War I 3. (c) Social Security No. None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Jan day 8
 year 1948 hour 7 minute 45 A.M.
 21. I hereby certify that I attended the deceased from Jan 5, 1948 to Jan 8, 1948
 that I last saw him alive on Jan 7, 1948
 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Georgia Dye Whaley 6. (c) Age of husband or wife if alive 56 years
 7. Birth date of deceased May 18 1890
(Month) (Day) (Year)

Immediate cause of death Coronary occlusion 3da
 Duration

8. AGE: Years 57 Months 7 Days 21 If less than one day
 hr. min.

Due to ✓
 Due to ✓
 Other conditions ✓
(Include pregnancy within 3 months of death)

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

10. Usual occupation Printer

11. Industry or business

MOTHER FATHER
 12. Name Mr Henry Whaley
 13. Birthplace Ill Ill 9
(City, town, or county) (State or foreign country)
 14. Maiden name Anna Eliza
 15. Birthplace Ill Ill 9
(City, town, or county) (State or foreign country)

PHYSICIAN
 Major findings: 94A
 Of operations
 Of autopsy

16. (a) Informant Mrs. Wm R. Whaley
 (b) Address Nevada, Mo.
 17. (a) Burial (b) Date thereof 1-11-48
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Norton Burial Park

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

18. (a) Signature of funeral director Loye Funeral Service
 (b) Address Nevada, Mo.
 19. (a) 1-27-48 (b) Wathyn Yancy
(Date received local registrar) (Registrar's signature)

23. Signature F L Martini (M. D. or other) M.D.
 Address Nevada Mo Date signed 1-13-48

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

MAR 18 1948

FEB 10 1948

RECEIVED
District Health Officer No. 7,
District File Number 1-48-25
Date Filed 2-3-48

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 Allen V. Hayes
Licensed Embalmer No. 1968
P. O. Address Nevada, 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, fact should be so stated above.