

REC'D AUG 21 1940
Registration District No. 607

Primary Registration District No. 4361

State File No. _____

Registrar's No. 34

1. PLACE OF DEATH: New Madrid 2

(a) County New Madrid

(b) City or town Portageville, 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 _____)

In this community Yes
years, months or days

3. (a) PRINT FULL NAME Roy Louis Whalen 450

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced _____

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 12 40
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
One 25 hr. min.

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

10. Usual occupation /

11. Industry or business _____

12. Name William Porter Whalen /

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

14. Maiden name Frances Duff

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

16. (a) Informant W.P. Whalen

(b) Address Portageville, Mo.

17. (a) _____ (b) Date thereof Aug 6 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Portageville

18. (a) Signature of funeral director J. M. [unclear] 5

(b) Address Portageville, Mo

19. (a) Aug 9 1940 (b) Mary W. Cook
(Date recorded local registry) (Registrar's signature) 525

2. USUAL RESIDENCE OF DECEASED: New Madrid

(a) State Mo (b) County Portageville, Mo

(c) City or town Portageville, Mo.
(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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 6
year 1940 hour Noon minute M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him alive on Aug. 3, 40, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death Malnutrition since birth

Due to Improper artificial feeding

Due to _____

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy No

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) _____

(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 _____

23. Signature A. A. Reader (M. D. or other) _____

Address Portageville, Mo. Date signed _____

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

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, above space should be left blank.