

MISSOURI STATE BOARD OF HEALTH
 STANDARD CERTIFICATE OF DEATH

25963

State File No. _____

Registration District No. 668

Primary Registration District No. 3032

Registrar's No. 230

1. PLACE OF DEATH:

(a) County Pettis
 (b) City or town Sedalia
 (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 _____ years, months or days 3 11 0

3. (a) PRINT FULL NAME WILLIAM WHITLEY

3. (b) If veteran, 494-14-9132 3. (c) Social Security name war _____ No. _____

4. Sex m 5. Color or race cal 6. (a) Single, widowed, married, divorced married

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

7. Birth date of deceased 12-20-1882 (Month) (Day) (Year)

8. AGE: Years 57 Months 7 Days 19 If less than one day _____ hr. _____ min.

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

10. Usual occupation Cemetary Sexton

11. Industry or business _____

12. Name James W Whitley

13. Birthplace Pettis Co Mo (City, town, or county) (State or foreign country)

14. Maiden name Orenda Porter

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

16. (a) Informant Virginia Wilson

(b) Address 305 E Cooper St

17. (a) 7- (b) Date thereof 7-23-40 (Month) (Day) (Year)

(c) Place: burial or cremation Georgetown Mo

18. (a) Signature of funeral director _____

(b) Address 117 E Jefferson Sedalia Mo

19. (a) 7-23-40 (b) Mrs. Harry S. Snel (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pettis

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

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

(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 19 year 1940 hour 12 minute 05 P. M.

21. I hereby certify that I attended the deceased from As Coroner's case only that I last saw him As Coroner's case only and that death occurred on the date and hour stated above.

Immediate cause of death Homicide with

Due to firearms

Due to 17

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Homicide

(b) Date of occurrence July 19, 1940

(c) Where did injury occur? Sedalia Pettis Mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public place

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

23. Signature Samuel Hauffe (M. D. or other) MD

Address Cemetary Pettis Co Date signed 7/22/40

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

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 8-9-40

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

F. D. Ferguson

Licensed Embalmer No. 2172

P. O. Address Medalia

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.