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DEC 18 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

38209 Thompson

State File No. \_\_\_\_\_

Registration District No. 252

Primary Registration District No. 4132

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Clay  
(b) City or town Jamesport, Missouri  
(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. (a) PRINT FULL NAME AUGUSTUS WHITLEY  
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 widowed  
6. (b) Name of husband or wife \_\_\_\_\_  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased August 1 1856  
(Month) (Day) (Year)

8. AGE: Years 85 Months 2 Days 16  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Virginia  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired farmer

11. Industry or business \_\_\_\_\_

12. Name William Whitley

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

14. Maiden name Mary Lane

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

16. (a) Informant Viola Whitley

(b) Address Jamesport, Mo.

17. (a) Helman, Mo. (b) Date thereof Oct 19 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hill Cemetery

18. (a) Signature of funeral director W. A. Peterson

(b) Address \_\_\_\_\_

19. (a) Dec 1 - 41 (b) Nelle White  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay  
(c) City or town Jamesport  
(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 Oct day 17  
year 1941 hour 6 minute 30 M.  
21. I hereby certify that I attended the deceased from Sept. 16 1941  
to Oct 17 1941  
that I last saw him alive on Oct 14 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Arterio-sclerosis (Cardio-Renal Disease)  
Duration 1 yr

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: 131a  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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 W. A. Peterson M.D. (M. D. or other)  
Address Talton Mo Date signed 12-8-41

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

MOTHER FATHER

**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 \_\_\_\_\_

*Q. H. Robinson*

Licensed Embalmer No. *3244*

P. O. Address *Janesport, N.Y.*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**