

FILED DEC 7 1942
Registration District No. **788**

Primary Registration District No. **5423**

Registrar's No. **24**

1. PLACE OF DEATH:
 (a) County Dunklin
 (b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: General Hallam Hosp
(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)

3. (a) PRINT FULL NAME David V. Whitlock
3. (b) If veteran, ✓ **3. (c) Social Security name war** ✓ **No.** ✓

4. Sex Male **5. Color or race** White **6. (a) Single, widowed, married, divorced, separated** Married
6. (b) Name of husband or wife. Martha **(c) Age of husband or wife if alive** 12 years
7. Birth date of deceased. Dec. 12 - 1870
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>71</u>	<u>11</u>	<u>5</u>hr.min.

9. Birthplace Ill. 1
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name Jerry Whitlock

13. Birthplace Ill. 1
(City, town, or county) (State or foreign country)

14. Maiden name Delila Eaton

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

16. (a) Informant Pauline Hall

(b) Address Albuquerque N. M.

17. (a) Burial **(b) Date thereof** Nov. 19-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ruler Cemetery

18. (a) Signature of funeral director A. O. River

(b) Address no

19. (a) Nov. 21-1942 **(b)** H. O. Stempel
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Dunklin
 (c) City or town Rural
(If outside city or town limits, write "RURAL")
 (d) Street No.....
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 17th
 year 1942 hour 9 minute 15 A.M.

21. I hereby certify that I attended the deceased from Nov 14th 1942
 1941 to Nov 17th 1942

that I last saw him alive on 11-15 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Lung **Duration**

Due to.....

Due to.....

Other conditions A68
(Include pregnancy within 3 months of death)

Major findings: A68
 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?..... **(e) Means of injury**.....

23. Signature D. T. Dempsey (M. D. or other) MD

Address Kennett Mo Date signed 11-19-42

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

RECEIVED

District Health Office No. 2

District File Number 1242-1518

Date Filed 12-5-42

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

A. J. Rivers

Licensed Embalmer No. 1407

P. O. Address Seventh Ave

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.