S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

G. W. Whitaker

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 8 1942

Registration District No. 217

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5785

State File No. 37596

Registrar's No. 107

1. PLACE OF DEATH:
(a) County: Mississippi
(b) City or town: Rural, Long Prairie
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 2 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Mississippi
(c) City or town: Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 4 miles North of E. Prairie
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: 0

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0
0

3. (a) PRINT FULL NAME: HERBERT HALLOCK
3. (b) If veteran, name war: —
3. (c) Social Security No. None
4. Sex: M
5. Color or race: W
6. (a) Single, widowed, married, divorced: Single
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: Nov. (Month) 5 (Day) 1924 (Year)

8. AGE: Years 18 | Months 7 | Days 18 | If less than one day hr. min.

9. Birthplace: Dunklin Co. (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation: Labor
11. Industry or business: on farm
MOTHER FATHER
12. Name: Unknown
13. Birthplace: Unknown (City, town, or county) 9 (State or foreign country)
14. Maiden name: Nell Locust
15. Birthplace: Unknown (City, town, or county) Ky 1 (State or foreign country)
16. (a) Informant: James Lancaster
(b) Address: East Prairie, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 10-24-42 (Month) (Day) (Year)
(c) Place: burial or cremation: Travis Shelby
18. (a) Signature of funeral director: Travis Shelby
(b) Address: East Prairie Mo.
19. (a) 11/15/42 (Date received local registrar) (b) D. G. Moore (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 23 year 1942 hour 2 minute P. M.
21. I hereby certify that I attended the deceased from about Aug, 1942, to Oct 23, 1942; that I last saw him alive on Oct 21-1942, 19..; and that death occurred on the date and hour stated above.

Immediate cause of death: Pulmonary Tuberculosis — Duration: about one year
Due to:
Due to:
Other conditions (Include pregnancy within 3 months of death):
Major findings: Of operations:
Of autopsy:

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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: Geo. W. Whitaker (M. D. or other)
Address: East Prairie Mo. Date signed 11-4-42

1257 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 1242-1521
Date Filed 12-7-42

DEC 26 1942

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 James E. Scott, Registered Apprentice No. 316, working under my personal supervision.

Signed Travis Shelby

Licensed Embalmer No. 2726

P. O. Address East Prairie 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.