

7. S. No. 2
OM-5-42
Rev. 5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40718

State File No. _____

Registrar's No. 34

FILE JAN 11 1942
Registration District No. 720

Primary Registration District No. 5446

38
88

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

1. PLACE OF DEATH:

(a) County Gentry

(b) City or town Rural Cooper miss
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gentry **38**

(c) City or town Rural **1**
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? yes (Yes or No) **0**
If yes, name country _____

3. (a) PRINT FULL NAME Charles Whalen

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 17
year 1942 hour 4 minute 15P. M.

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

21. I hereby certify that I attended the deceased from June - 10
1942, to Dec. 17 1942
that I last saw him alive on Dec 17 1942
and that death occurred on the date and hour stated above.

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

6. (b) Name of husband or wife Pearl Shackelford 6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased May 11 1879
(Month) (Day) (Year)

Immediate cause of death Myocarditis **12-18-42**
2 years +

8. AGE: Years Months Days If less than one day

63 7 6 hr. min.

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) **932**

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

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

10. Usual occupation Farming

11. Industry or business _____

12. Name Andy Whalen

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

14. Maiden name Hannah Woeland

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

16. (a) Informant Mrs. Chas. Whalen

(b) Address Darlington Mo.

17. (a) Burial (Burial, cremation, or removal) Date thereof 12-21-1942
(Month) (Day) (Year)

(c) Place: burial or cremation Larkie

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? _____

18. (a) Signature of funeral director Albany, Mo.

(b) Address _____

While at work? _____ (Specify type of place) (e) Means of injury 0

19. (a) 12/19/42 (Date received local registrar) (b) Henry J. [Signature] (Registrar's signature)

23. Signature Frank H. Rose (M. D. or other) M. D.
Address Albany, Mo. Date signed 12-18-42

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 Me
....., Registered Apprentice No.
working under my personal supervision.

Signed Richard Brooke
.....
Licensed Embalmer No. 3329
.....
P. O. Address Albany 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.