

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED JUN 17 1943

3054

Registration District No. 278

Primary Registration District No. ....

Registrar's No. ....

1. PLACE OF DEATH:

(a) County Pike

(b) City or town Louisiana  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
at home  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
in this community three months years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pike

(c) City or town Louisiana 82  
(If outside city or town limits, write "RURAL")

(d) Street No. 502 N. Main 2  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Rodert Emmett Whalen

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 Single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if

7. Birth date of deceased March 13 1870  
(Month) (Day) (Year)

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

73 0 29 hr. min.

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

10. Usual occupation Retired car operator

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

12. Name Michel F. Whalen

13. Birthplace Hubland 4  
(City, town, or county) (State or foreign country)

14. Maiden name Anna Cassidy  
(City, town, or county) (State or foreign country)

15. Birthplace Hubland 4  
(City, town, or county) (State or foreign country)

16. (a) Informant Don Whalen

(b) Address Louisiana Mo.

17. (a) Removal (b) Date thereof May 15 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Paul Mo.

18. (a) Signature of funeral director Garner

(b) Address Louisiana Mo.

19. (a) 5-14-43 (b) GC Whaley  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 12  
year 1943 hour 4:00 minute \_\_\_\_\_ P.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ 19 \_\_\_\_\_ to \_\_\_\_\_ 19 \_\_\_\_\_

that I last saw h. alive on \_\_\_\_\_ 19 \_\_\_\_\_ and that death occurred on the date and hour stated above.

Immediate cause of death Shot that entered in right temple Duration \_\_\_\_\_

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

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

Other conditions 164C  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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) Suicide

(b) Date of occurrence May 12, 1943

(c) Where did injury occur? Louisiana Pike Mo.  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
at home  
(Specify type of place)

While at work? \_\_\_\_\_ (e) Means of injury Shotwound

23. Signature J. C. Gilliam 380 (M.D. or other) \_\_\_\_\_

Address Louisiana Mo. 5/14/1943

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

81  
20  
1

RECEIVED

District Health Officer No. 10

District File Number 6-42-1109

Date Filed JUN 14 1943

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, ~~by~~.....

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

Signed J. B. Stone.....

Licensed Embalmer No. 4039.....

P. O. Address Louisiana, 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.