

FILED FEB 14 1944

Primary Registration District No. 50.6.2

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

1. PLACE OF DEATH:

(a) County Barry

(b) City or town Rural Purdy, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1 mile S of Purdy.
(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)

In this community 32 years.

3. (a) PRINT FULL NAME Thomas Lester Whiteman

3. (b) If veteran, name war World War #1. 3. (c) Social Security No. no.

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

6. (b) Name of husband or wife Sylvia Ora Whiteman 6. (c) Age of husband or wife if alive 41 years

7. Birth date of deceased April 21 1897.
(Month) (Day) (Year)

8. AGE: Years 46 Months _____ Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation Farming.

11. Industry or business _____

MOTHER FATHER { 12. Name John F. Whiteman

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

{ 14. Maiden name Anna Wallace

{ 15. Birthplace W. Va.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Sylvia Whiteman

(b) Address Purdy, Mo. R. #1.

17. (a) Burial (b) Date thereof Jan 29 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation mt Pleasant.

18. (a) Signature of funeral director W. D. Noon

(b) Address Cassville Mo.

19. (a) Feb 2 1944 (b) Audra Willoughby
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Barry

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

(d) Street No. 1 mi. S. of Purdy
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 27 year 1944 hour 5:00 am

21. I hereby certify that I attended the deceased from July 1st 1934 to Jan 27 1944

that I last saw him alive on Jan 27 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of neck Duration 1 yr

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) 55 lb

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) _____

(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 J. A. Balderson (M. D. or other) 02

Address Purdy Mo. Date signed 1-29-44

RECEIVED

Deputy Health Officer No. 6,
License No. 244-171
Date Filed FEB 11 1944

FEB 16 1944

APR 15 1949

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 *W. C. Koon*

Licensed Embalmer No. 4359

P. O. Address *Cassville, 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.