

1. PLACE OF DEATH:

(a) County Mississippi
(b) City or town Harrison
(c) Name of hospital or institution: Pro 1
(d) Length of stay: In hospital or institution 4 yrs - 3 days
In this community 4 yrs - 3 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Missouri
(c) City or town Harrison
(d) Street No.
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME GEORGE ELWOOD WHITLOCK

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced 0

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

7. Birth date of deceased. Nov. 14, 1943

8. AGE: Years 4 Months 3 If less than one day hr. min.

9. Birthplace East Prairie, Mo

10. Usual occupation.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov, day 17, year 1943 hour 6 minute 9, M.
21. I hereby certify that I attended the deceased from Nov 15 1943 to Nov 16 1943
that I last saw him alive on Nov 16 1943
and that death occurred on the date and hour stated above

Immediate cause of death Septic infection of ulcerant abdomen and left buttock
Due to treatment by coal oil of deep wound on buttock and septic case

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

Major findings: Of operations 1952
Of autopsy 11/17/43

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) accident
(b) Date of occurrence Nov 1, 1943
(c) Where did injury occur? Miss. Mo.
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Farm

18. (a) Signature of general director Dph. Travis Shelby
(b) Address East Prairie, Mo.
23. Signature T. P. Kuntz
Address W. York, Mo. Date signed 11-21-43

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

MOTHER FATHER

11. Industry or business
12. Name William Lee Whitlock
13. Birthplace East Prairie, Mo
14. Maiden name Fannie Mae Sarrett
15. Birthplace East Prairie, Mo
16. (a) Informant Fannie Mae Whitlock
(b) Address East Prairie, Mo
17. (a) Burial (b) Date thereof 11-18-43
(c) Place: burial or cremation Ph. Grove
18. (a) Signature of general director Dph. Travis Shelby
(b) Address East Prairie, Mo.
19. (a) 1-18-44 (b) Sherman

RECEIVED

District Health Office No. 2,

District File Number 144-157

Date Filed 1-18-44

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

working under my personal supervision.

Registered Apprentice No.

Signed

Licensed Embalmer No.

P. O. Address

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.