. S. No. 2
OM—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 24531

FILED JUL 16 1945

Registration District No. 241 Primary Registration District No. 5829 Registrar's No. 35

1. PLACE OF DEATH:

(a) County New Madrid

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

(c) Name of hospital or institution: 3 (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 New Madrid

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

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

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

If yes, name country .....

3. (a) PRINT FULL NAME James Henry Whitley

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 alive ..... years

7. Birth date of deceased Feb (Month) 10 (Day) 1944 (Year)

8. AGE: Years 1 Months 4 Days 9 If less than one day ..... hr. ..... min.

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

10. Usual occupation Child

11. Industry or business .....

FATHER
12. Name Cecil Whitley
13. Birthplace Como (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Linnie Cudd
15. Birthplace Brasley (City, town, or county) Mo (State or foreign country)

16. (a) Informant Cecil Whitley
(b) Address Portageville, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-19-45 (Month) (Day) (Year)
(c) Place: burial or cremation Portageville Cemetery

18. (a) Signature of funeral director DeLisle Funeral Parlor
(b) Address Portageville, Mo

19. (a) 6-18-45 (Date received local registrar) (b) Ellen DeLisle (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 18 year 1945 hour 6 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.

	Duration
Immediate cause of death: Drowned in bay ditch	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 3-3
Of autopsy 18-26

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) accident. 72.
(b) Date of occurrence June 18 - 1945
(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? ..... (Specify type of place)
While at work? ..... (e) Means of injury .....

23. Signature Leo Hedgepeth 3 Coroner (M. D. or other)
Address New Madrid Date signed 6/19-45

1364

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2
District File Number 745-96
Date Filed 7-13-43

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 Leonard J. Vargo

Licensed Embalmer No. 4336

P. O. Address Pastagville, 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.