U. S. No. 2
100M—2-43
Rev. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 11 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 42059

Registration District No. 267 Primary Registration District No. 3049 Registrar's No. 3

1. PLACE OF DEATH:
(a) County Pemiscot
(b) City or town Hayti
(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 years, months or days)
In this community .....

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County Pemiscot
(c) City or town Hayti
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME ERNEST WHITLEY
3. (b) If veteran, name war WAR # 1
3. (c) Social Security No. 499-26-7037
4. Sex male 2
5. Color or race col
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 ..... (Month) (Day) (Year)
8. AGE: Years about 52 Months ..... Days ..... If less than one day ..... hr. ..... min.
9. Birthplace unknown (City, town, or county) 9 (State or foreign country)
10. Usual occupation Shoe Shine
11. Industry or business Shoe Repair Shop
MOTHER FATHER
12. Name unknown 9
13. Birthplace / (City, town, or county) 1 (State or foreign country)
14. Maiden name unknown 9
15. Birthplace / (City, town, or county) 1 (State or foreign country)
16. (a) Informant Friends at the home
(b) Address HAYTI.
17. (a) ~~Hayti~~ BURIAL (Burial, cremation, or removal) (b) Date thereof 12-28-45 (Month) (Day) (Year)
(c) Place: burial or cremation Hayti Mo
18. (a) Signature of funeral director County Farm Funeral Home
(b) Address Hayti Mo
19. (a) 1-2-46 (Date received by local registrar) (b) Lucille Kelley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 25 year 1945 hour 3 minute P M.
21. I hereby certify that I attended the deceased from ....., 19..., to ....., 19...; that I last saw him alive on ....., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death unknown Found dead in Bed at his home

Due to .....

Due to .....

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

Major findings:
Of operations .....
Of autopsy .....

Duration

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 Jack Kelley Coroner (M.D. or other)
Address Hayti Mo Date signed 12-25-45

1613

(Licensed Embalmer's Statement on Reverse Side)

12-45-249

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.....
Not Embalmed....., Registered Apprentice No.....,
working under my personal supervision.

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.