

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REC'D MAR 4 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

5881
Do not use this space.

1. PLACE OF DEATH
 (a) County Jackson County Registration District No. 399
 (b) Township Kansas City Primary Registration District No. 190
 (c) City Mo. (d) Street No. 1315 Madison Registered No. 947
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME McWharter, Herman C. 263
 (a) Residence, No. 1315 Madison - R. 6. Mo. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF House (OR) WIFE OF Married

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 12 1891

| | | | | |
|--------|-----------|----------|-----------|----------------------------------|
| 7. AGE | YEARS | MONTHS | DAYS | IF LESS than 1 day, hrs. or min. |
| | <u>46</u> | <u>2</u> | <u>14</u> | |

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Dry Cleaner
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown - Texas

FATHER
 13. NAME Miles Wells McWharter
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
 15. MAIDEN NAME Ida Viola Matthews
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Louise McWharter
1315 Madison - R. 6. Mo.

18. BURIAL, CREMATION, OR REMOVAL Buried Spring Mo. 2/28/38

19. FUNERAL DIRECTOR (ADDRESS) R. B. Cwing
Buried Springs, Mo.

20. FILED 728 1938 M. M. Crooks
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 26, 1938

22. I HEREBY CERTIFY, That I attended deceased from 7 -, 1938, to 3 -, 1938.
 I last saw h. alive on, 1938. Death is said to have occurred on the date stated above, at 3 - m. a -
 The principal cause of death and related causes of importance were as follows:
Adenocarcinoma of colon with metastasis to liver and lungs
46

Other contributory causes of importance:
Reaction of colon Date of 1934
 Name of operation Reaction of colon Date of 1934
 What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury, 1938
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify no
 (Signed) [Signature], M. D.
 (Address) U. of Kans. Hosp. K.C., Kans.

Date of onset 1938

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No..... or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.)