

REC'D AUG 11 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

26796
Do not use this space.

1. PLACE OF DEATH

(a) County North Registration District No. 903
 (b) Township Witchell Primary Registration District No. 4545
 (c) City Grant City (d) Street No. _____
 (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

ELIZA ELIZABETH WHORLOW 640
 (a) Residence, No. Grant City St. ☐
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Frank Whorlow
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 30, 1866
 7. AGE YEARS 71 MONTHS 2 DAYS 10 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 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) June, 1938
 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Grant City Mo.

13. NAME Joseph Thomas

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wichita Mo.

15. MAIDEN NAME Mahogany Blitchell

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wichita Mo.

17. INFORMANT (ADDRESS) Frank Whorlow Grant City, Mo.

18. BURIAL, CREMATION OR REMOVAL PLACE Witchell Cem DATE 7/12/38

19. FUNERAL DIRECTOR (NAME) (ADDRESS) John C. Dwyer Grant City, Mo.

20. FILED 8-9 19 38 2nd Mull 20 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 18, 19 38

22. I HEREBY CERTIFY, That I attended deceased from July 4, 1938, to July 10, 1938
 I last saw him alive on July 9, 1938. Death is said to have occurred on the date stated above, at 5-2 m.
 The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage Date of onset 7/10/38
Sept. Hemorrhage 7/4/38

Other contributory causes of importance: Arteriosclerosis

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19 _____
 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 _____
 (Signed) O. R. Fullerton, M. D.
 (Address) Redding Iowa

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, _____

Arch C. Dumblee

, or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed _____

Arch C. Dumblee

Licensed Embalmer No. _____

3252

P. O. Address _____

Grant City

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, above space should be left blank.