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

REC'D APR 18 1939

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

11904
Do not use this space.

1. PLACE OF DEATH
(a) County Phelps | Registration District No. 678
(b) Township South Dillon | Primary Registration District No. 5902 | Registered No.
(c) City Rolla (d) Street No. , St.
(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 263 JAMES ALFORD MCWHORTER
(a) Residence, No. Rolla Route 1 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: male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Infant
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)
7. AGE: Stillbirth — YEARS | MONTHS | DAYS | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
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): Rolla, Mo

FATHER
13. NAME: James Albert Mcwhorter
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Seaton Mo

MOTHER
15. MAIDEN NAME: Margaret Ell Mcwhorter
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Maples Mo

17. INFORMANT (ADDRESS): Millard Evens Rolla Mo star R
18. BURIAL, CREMATION, OR REMOVAL
PLACE Morrison DATE 4/14/ 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Nuell Son Rolla Mo
20. FILED , 19
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Apr 13, 1939, to Apr 13, 1939
I last saw h alive on , 19 Death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:
Stillbirth (Dead for 2 to 4 weeks) | Date of onset
Other contributory causes of importance:
Name of operation Date of
What test confirmed diagnosis? None Was there an autopsy? No

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? No
If so, specify
(Signed) S L Mitchell, M. D.
(Address) Rolla Mo

(Licensed Embalmer's Statement on Reverse Side)

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.....

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, above space should be left blank.

FILL IN ANSWERS TO ALL SPACES CHECKED IN RED PENCIL.

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

11904
Do not use this space.

1. PLACE OF DEATH
(a) County: Phelps — Registration District No.: 678
(b) Township: Dillon — Primary Registration District No.: 3902 — Registered No.:
(c) City: — (d) Street No.: St.
(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: James Alford McWhorter
(a) Residence, No.: 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): m
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF:
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Apr-13-1939
7. AGE: Years: Stillbirth — Months: — Days: — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.:
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): Rolla Mo

FATHER
13. NAME: James Albert McWhorter
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Seaton Mo

MOTHER
15. MAIDEN NAME: Margaret Ella McWhorter
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Maples Mo

17. INFORMANT (ADDRESS): Millard J. Evans, Rolla Mo Star R

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Morrison DATE: 4/14 1939

19. FUNERAL DIRECTOR (ADDRESS): Nolle Rolla Mo

20. FILED: 5-15- 1939 Elsie B. Houk, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Apr-13- 1939

22. I HEREBY CERTIFY, That I attended deceased from Apr 13 1939 to Apr 13 1939
I last saw h alive on 19 Death is said to have occurred on the date stated above, at 8:40 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Stillbirth	
Died for 2 to 4 weeks	

Other contributory causes of importance:

Name of operation: Date of
What test confirmed diagnosis? None Was there an autopsy?
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) S. L. Smitchell, M. D.
(Address) Rolla Mo

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED.
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION should be stated. Blanks should be filled in plain terms. Full statements should be very important.