S. No. 2
—11-10-39
v. 5-17-39
I X2149

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 31259

FILED OCT 23 1940

Registration District No. 1 — Primary Registration District No. 200 — Registrar's No. 219

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

1. PLACE OF DEATH:
(a) County Adair Morrow Mo
(b) ~~City or town~~ Near Shibleys Point Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ✓ 2 (Specify whether
In this community 2 Weeks
years, months or days).

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County Putnam
(c) City or town Worthington MO
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME Jessie H. Whitworth
3. (b) If veteran, name war None No 55-496-09-9539
3. (c) Social Security No. None

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of ~~husband~~ or wife Vernie Whitworth
6. (c) Age of ~~husband~~ or wife if alive 50 years
7. Birth date of deceased Dec 17 1886 (Month) (Day) (Year)

8. AGE: Years 53 Months 9 Days 29 If less than one day ..... hr. ..... min.

9. Birthplace Near Worthington Mo, 0 (City, town, or county) (State or foreign country)
10. Usual occupation Carpenter 0
11. Industry or business None 0

FATHER
12. Name J.J. Whitworth
13. Birthplace Putnam Co, Mo, (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Bell Branscomb
15. Birthplace Putnam Co, Mo, (City, town, or county) (State or foreign country)

16. (a) Informant H. Everett Whitworth
(b) Address Itaha MO
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/17 1940 (Month) (Day) (Year)
(c) Place: burial ✓ or cremation Pleasent Home Cem-
18. (a) Signature of funeral director Wm H West
(b) Address Queencity Mo,
19. (a) Sept 18/40 (Date received local registrar) (b) Spencer L. Freeman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sep 1 day 16 year 1940 hour 11 minute 45 a M.
21. I hereby certify that I attended the deceased from Sep 16, 1940, to Sep 16, 1940; that I ~~last~~ never saw him alive on Sep 16, 1940; and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Unknown | |
| but had heart disease for | 27 yrs |
| yrs. Crumpled up on the fox | |
| Due to while at work & | |
| slid to ground dead | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |

95 B

Major findings:
Of operations none
Of autopsy none

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? 3 (Specify type of place)
While at work? (e) Means of injury

23. Signature J.S. Gashwiler (M. D. ~~or other~~) 1
Address Novinger Mo Date signed 9/17/40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 10-40-1997
Date Filed OCT 24 1940

**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 My self

..... Registered Apprentice No. .....

working under my personal supervision.

Signed Wm H West

Licensed Embalmer No. 2882

P. O. Address Queencity 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, above space should be left blank.**