

No. 1-10
17
K21492

NEW OCT 23 1940

Registration District No. 349 Primary Registration District No. 5467-3018 Registrar's No. 18

I. PLACE OF DEATH

(a) County Henry
(b) City or town Clinton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution
315 West Jefferson st
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3
(Specify whether years, months or days) all life

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Henry
(c) City or town Clinton
(If outside city or town limits, write "RURAL")
(d) Street No. 315 W Jeff
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 15
year 1940 hour 2 minute 15 P. M.
21. I hereby certify that I attended the deceased from _____
to _____ 19____ to _____ 19____
that I last saw him at home and on Oct 15 1940
and that death occurred on the date and hour stated above.

8. (a) PRINT FULL NAME JAMES LINDSEY WHITWORTH
3. (b) If veteran name war World War 3. (c) Social Security No. 494-16-7353

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mabel 6. (c) Age of husband or wife if alive 38 years
7. Birth date of deceased Dec 7 1893
(Month) (Day) (Year)

8. AGE: Years He Months 10 Days 8 If less than one day hr. _____ min. _____

9. Birthplace: Clinton Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name James Whitworth
18. Birthplace Palmer Ill
(City, town, or county) (State or foreign country)
14. Maiden name Carrie M. Blakemey
15. Birthplace St. Clair Co Mo
(City, town, or county) (State or foreign country)

16. (a) Informant James Whitworth

(b) Address Clinton Mo

17. (a) Burial (b) Date thereof 15-17-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Englewood

18. (a) Signature of funeral director Charles R. Beck

(b) Address Clinton Mo

19. (a) Oct 17 1940 (b) James Smith
(Date received local registrar) (Registrar's signature)

Immediate cause of death
accidental fall from scaffold
Due to fracture - dislocation cervical vertebrae
Due to Dr. P. H. Orr, Surgeon
Calhoun, Henry Co Mo
Other conditions (include pregnancy within 3 months of death) none
Major findings: Of operations none 186
Of autopsy none 17
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) accident

(b) Date of occurrence Oct 15, 1940

(c) Where did injury occur? Calhoun, Henry, Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, or in public place?
Public work
While at work? yes (Specify type of place) fracture - dislocation cervical vertebrae
(e) Means of injury fall from scaffold

28. Signature S. P. Hughes (M. D. or other)

Address Clinton Mo Date signed 10/16/40

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

NOV 17 1945

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

J. E. Corisahn

Licensed Embalmer No. *1891*

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. **32130**
Registrar's No. **55**

Registration District No. **349** Registration District No. **308**

DEC 14 1940

1. PLACE OF DEATH:
(a) County **Henry**
(b) City or town **Clinton**
(c) Name of hospital or institution:
315 West Jefferson St.
(d) Length of stay: In hospital or institution.....
In this community.....
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State **mo** (b) County **Henry**
(c) City or town **Clinton**
(d) Street No. **315 W Jeff.**
(e) If foreign born, how long in U. S. A.?

3. (a) PRINT FULL NAME **James Lindsey Whitworth**
(b) If veteran, name war.....
(c) Social Security No.....

20. DATE OF DEATH: Month **Oct** day **15**
year **1940** hour..... minute..... M.

4. Sex **m** 5. Color or race **w**
6. (a) Single, widowed, married, divorced **m**
6. (b) Name of husband or wife.....
6. (c) Age of husband, or wife, if alive.....
7. Birth date of deceased: **Dec 7 1893**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from.....
that I last saw him alive on.....
and that death occurred on the date and hour stated above.
Immediate cause of death: **accidental fall from scaffold**

8. AGE: Years **46** Months **10** Days **8**
9. Birthplace: **Clinton**
(City, town, or county) (State or foreign country)

Due to **fracture dislocated cervical vertebrae**
Other conditions.....
Major findings:
Of operations.....
Of autopsy.....

10. Usual occupation **Turner**
11. Industry or business.....
12. Name **James Whitworth**
13. Birthplace **Palmer**
14. Maiden name **Caroline Blackener**
15. Birthplace **St Clair**

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?.....
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work.....
(Specify type of place) (c) Means of injury.....

16. (a) Informant **James Whitworth**
(b) Address **Clinton**
17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **Eight 1940**
(Month) (Day) (Year)
(c) Place: burial or cremation.....
18. (a) Signature of funeral director **Lousalus + Peck**
(b) Address **Clinton**
19. (a) **Nov. 19-1940** (Date received local registrar) (b) **Miss Edith J. Simpson** (Registrar's signature)

23. Signature **E. B. [unclear]**
Address **Clinton**

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

MOTHER FATHER

PHYSICIAN
Underline the cause to which death should be charged statistically.

