No. 2
13-40
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X23159

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

FILLED JUN 12 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17828

Registration District No. 318 Primary Registration District No. 2001 Registrar's No. 417

1. PLACE OF DEATH:

(a) County GREENE

(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Springfield Baptist Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Barry 5

(c) City or town Cassville 1
(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.? 1 years.

3. (a) PRINT FULL NAME Whorton, Jess

3. (b) If veteran, name war no

3. (c) Social Security No. None

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife None

6. (c) Age of husband or wife if alive XX years

7. Birth date of deceased Oct. - 12 - 1927
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
✓13	7	6	hr. min.

9. Birthplace Toy Arkansas
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

FATHER
12. Name Whorton, Walter
13. Birthplace Toy, Arkansas
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Miss Rhoe Stavens
15. Birthplace Canadian Oklahoma
(City, town, or county) (State or foreign country)

16. (a) Informant Father Walter Whorton
(b) Address Cassville Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 20 1941
(Month) (Day) (Year)
(c) Place: burial or cremation Anticoch

18. (a) Signature of funeral director Horine & Culver
(b) Address Cassville, Missouri

19. (a) 5-20-41 (Date received local registrar) (b) W. E. Handley MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 18
year 41 hour 5 30 PM minute M.

21. I hereby certify that I attended the deceased from 5-16-41, 19, to 5-18-41, 19;
that I last saw him alive on 5-18-41, 19;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Tetanus	5 days
Due to Nail puncture of foot	
Due to 185	
Other conditions (Include pregnancy within 3 months of death) 19	
Major findings: Of operations	
Of autopsy	

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 about 5-10-41 005

(c) Where did injury occur? Cassville Barry Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 9 41 On farm at home
(Specify type of place)

While at work? yes (e) Means of injury stepped on nail

Signature Eug J. Schwartz (M. D. ~~or other~~)

Address Springfield Mo. Date signed 5-18-41

(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 R. Gordon Bennett, Registered Apprentice No. 250 working under my personal supervision.

Signed P. E. Horne

Licensed Embalmer No. 1414

P. O. Address Cassville 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, fact should be so stated above.