S. No. 2
—11-10-39
5-17-39
I X2

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24396

11 1941

Registration District No. 29 — Primary Registration District No. 50.90 — Registrar's No. 64

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

1. PLACE OF DEATH:

(a) County: Barry Flat Creek, Twp

(b) City or town: ~~Cassville, Missouri R. F. D.~~ (If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution (Specify whether years, months or days) / In this community: All Of Life

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Barry 005

(c) City or town: Cassville, R.F.D. 0 (If outside city or town limits write "RURAL")

(d) Street No. (If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years

8. (a) PRINT FULL NAME: Betty L. Whorton

8. (b) If veteran, name war: no

3. (c) Social Security No.: none

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: None 0

6. (b) Name of husband or wife: no

6. (c) Age of husband or wife if alive: no years

7. Birth date of deceased: Oct. (Month) 12th (Day) 1940 (Year)

8. AGE: Years 0 | Months 0 | Days 0 | If less than one day: hr. min.

9. Birthplace: Cassville, 0 (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: no

11. Industry or business: no

MOTHER FATHER

12. Name: Walter J. Whorton

13. Birthplace: Loy (City, town, or county) Arkansas (State or foreign country)

14. Maiden name: Rhoa Slavens

15. Birthplace: Canadian (City, town, or county) Okla. (State or foreign country)

16. (a) Informant: Walter J. Whorton

(b) Address: Cassville, Missouri R.F.D.

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

(c) Place: burial or cremation: Antioch,

18. (a) Signature of funeral director: Horine & Culver

(b) Address: Cassville, Missouri

19. (a) Jan. 30, 1941 (Date received local registrar) (b) Geo. W. Neuman, M.D. (Registrar's signature) By M.M.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 12th year 1940 hour 12 minute 5 P/ M.

21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death: Premature Birth — Duration

Due to:

Due to:

Other conditions (Include pregnancy within 3 months of death):

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):

(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? (Specify type of place)

While at work: (e) Means of injury:

23. Signature: Glenn N. Salyer (M. D. or other) (D)

Address: Cassville Mo. Date signed 10-13-40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 841-1321
AUG 7 1941
Date Filed

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

Signed [illegible]

Licensed Embalmer No. 1414

P. O. Address Leonville Me

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.

S. No. 2B
M—8-21-41
I X29288

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24396

Registration District No. 29 Primary Registration District No. 5038 Registrar's No. 64

1. PLACE OF DEATH:

(a) County: Barry

(b) City or town: Cassville RFD

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

(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

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

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town (If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME: Betty J. Thorton

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex: F

5. Color or race: W

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

6. (b) Name of husband or wife

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

7. Birthdate of deceased (Month) (Day) (Year)

8. AGE: Years | Months | Days | If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name

13. Birthplace (City, town, or county) (State or foreign country)

14. Maiden name

15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. Day 12 year 1948 hour minute M.

21. I hereby certify that I attended the deceased from 19 to 19; that I last saw h alive on 19; and that death occurred on the date and hour stated above.

Immediate cause of death: Premature birth Lived about 3 hrs.

Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

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)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(b) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature (M. D. or other)

Address Date signed

SUPPLEMENTARY

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

Cassville Mo