

JAN 14 1944
467
Registration District No.

Primary Registration District No. 4280

State File No.

Registrar's No. 71

1. PLACE OF DEATH:

(a) County Lawrence
(b) City or town Aurora City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
405 Lincoln Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community 9 yrs
years, months or days) (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence
(c) City or town Aurora
(If outside city or town limits, write "RURAL")
(d) Street No. 405 Lincoln Ave.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 23
year 1941 hour 11 minute 00 P.M.
21. I hereby certify that I attended the deceased from Nov 21
to Dec 23 1941
that I last saw her alive on Dec 22 1941
and that death occurred on the date and hour stated above.

Immediate cause of death URCA
Due to Ac Lobar Pneumonia
Due to Ch myoconditis
Other conditions
(Include pregnancy within 3 months of death)

Duration
3 day
4 days
several
years

Major findings:
Of operations 108
Of autopsy

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

3. (a) PRINT FULL NAME Edith F Wharton

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife George W Wharton 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased Nov, 6 1862
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
79 1 17 hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name David Ackerr
13. Birthplace ? New Jersey
(City, town, or county) (State or foreign country)
14. Maiden name Violet Brewster
15. Birthplace ? Canada
(City, town, or county) (State or foreign country)

16. (a) Informant Mr Arch Wharton
(b) Address Aurora Mo.
17. (a) Removal (b) Date thereof 12/26/41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Morrisonville Ill.

18. (a) Signature of funeral director J. H. King
(b) Address Aurora Mo.
19. (a) 12/23/41 (b) R. S. Cowan
(Date received local registrar) (Registrar's signature)

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?

While at work?..... (Specify type of place) (e) Means of injury
23. Signature R. S. Cowan (M. D. 10)
Address Aurora Mo. Date signed 12/23/41

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

MOTHER FATHER

RECEIVED

District Health Officer No. 6,

District File Number 142-99

Date Filed JAN 12 1942

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.....

Herman Surridge

Licensed Embalmer No. 3072

P. O. Address Aurora 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.