

FILED FEB 11 1942

State File No. 110

Registration District No. 899

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Conley Clinic
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 day's
(Specify whether
In this community 3 day's
years, months or days)

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. 320 N. McLane
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME

James T. Whitworth

3. (b) If veteran, name war no.

3. (c) Social Security No. no.

4. Sex M 5. Color or race wh. 6. (a) Single, widowed, divorced, married

(b) Name of husband or wife Marcel M. Dec. 6. (c) Age of husband or wife if 17 years

7. Birth date of deceased Dec. 17 1869
(Month) (Day) (Year)

8. AGE: Years 72 Months 0 Days 21 If less than one day hr. min.

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

10. Usual occupation R.R. Retired

MOTHER FATHER

11. Industry or business

12. Name James T. Whitworth

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

14. Maiden name Alice J. Gray

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

16. (a) Informant Miss Marcel Whitworth

(b) Address Clinton Mo.

17. (a) removal (b) Date thereof 1-10-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Clinton

18. (a) Signature of funeral director Consalus & Peck

(b) Address Clinton Mo.

19. (a) 1-9-42 (b) M.M. Crow
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 8
year 1942 hour 9 minute 30 A.M.

21. I hereby certify that I attended the deceased from Jan 5 1942 to Jan 8 1942
that I last saw him alive on Jan 7 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Paralytic ileus Duration 9 days

Due to Intestinal obstruction 7 days

Due to ileus

Other conditions (Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: adhesions ascending colon + growth in sigmoid
Of autopsy Constricting growth sigmoid cecum left kidney enlarged
Underline the case 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 Dr. Leonard Graham (M. D. or other) DO.

Address Chambers Bldg Kansas City, Mo. Date signed Jan 8 1942

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

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.....

Chas Wilks

Licensed Embalmer No.....

2644

P. O. Address.....

1800 Pinewood

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.