S. No. 2
M—1-4-41
v. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 16 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1868

Registration District No. 118 Primary Registration District No. 5169 Registrar's No. 2

1. PLACE OF DEATH:

(a) County Camden
(b) City or town Rural Adair Twp
(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
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Camden 15
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Macks Creek Mo
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Laura E. Whitworth

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

4. Sex F 1 5. Color or race W 6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife J. N. Whitworth 6. (c) Age of husband or wife if alive years

7. Birth date of deceased Aug-9 (Month) 1862 (Day) (Year)

8. AGE: Years 79 Months 5 Days 7 If less than one day hr. min.

9. Birthplace Indiana (City, town, or county) 1 (State or foreign country)

10. Usual occupation House Keeper

11. Industry or business

FATHER
12. Name John Young
13. Birthplace Ind (City, town, or county) 1 (State or foreign country)

MOTHER
14. Maiden name Nancy Woodall
15. Birthplace Ind (City, town, or county) 1 (State or foreign country)

16. (a) Informant Paula M. Russell
(b) Address Macks Creek Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-17-42 (Month) (Day) (Year)
(c) Place: burial or cremation Macks Creek

18. (a) Signature of funeral director L. B. Jones
(b) Address Buffalo Mo

19. (a) Jan 19. 1942 (Date received local registrar) (b) Mrs. G. R. Jackson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 16 year 1942 hour 2 minute 35a 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.

	Duration
Immediate cause of death Affirmative of age Arterio Sculosis	1 year
Due to Died without	
Due to medical attention	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 162 b	
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) 1
While at work? (e) Means of injury D

23. Signature Mrs. G. R. Jackson (M. D. or other) Local Reg.
Address Climax Springs, Mo. Date signed 1-20-42

1000

(Licensed Embalmer's Statement on Reverse Side)

Mrs Jackson they
didnt have a doctor
with Mrs whitworth in
her last illness in that
case you are supposed
to sign it as registrar
we filled in cause of death
and all you have to do
is sign your

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 Clyde Montgomery

Licensed Embalmer No. 3892

P. O. Address Buffalo · 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.