S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7123

FILED MAR 13 1942

Registration District No. 7 Primary Registration District No. 4280 Registrar's No. 21

1. PLACE OF DEATH:

(a) County Lawrence
(b) City or town Aurora
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 211 Elliott Ave,
(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 Missouri (b) County Lawrence
(c) City or town Aurora
(If outside city or town limits, write "RURAL")
(d) Street No. 211 Elliott Ave,
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Jefferson Y McWhirter

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Emily McWhirter

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

7. Birth date of deceased Jan (Month) 29 (Day) 1861 (Year)

8. AGE: Years 81 Months 0 Days 15 If less than one day hr. min.

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

10. Usual occupation Retired Miner

11. Industry or business

FATHER
12. Name William McWhirter
13. Birthplace ? (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name ? Williams
15. Birthplace ? (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs Wm Fritts
(b) Address Aurora Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/15/42 (Month) (Day) (Year)
(c) Place: burial or cremation Aurora Mo.

18. (a) Signature of funeral director [signature]
(b) Address Aurora Mo.

19. (a) 2-14-42 (Date received local registrar) (b) Eunice Greene by A. McKee (Registrar's signature)

1104

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb, day 13
year 1942 hour 12 minute 50 A.M.

21. I hereby certify that I attended the deceased from Feb. 1, 1942, to Feb. 13, 1942
that I last saw him alive on Feb 13, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Smallly — Duration Few mo.

Due to —

Due to

Other conditions (Include pregnancy within 3 months of death) 162 b

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 J Will Smith (M. D. or other)
Address Aurora, Mo. Date signed 2,13,42

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 342-315
Date Filed MAR 11 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.