No. 2
4-13-40
5-17-39
PI X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

18076

State File No.

FILED JUN 10 1942

Registration District No. 547

Primary Registration District No. 3018

Registrar's No. 115

42
1
2

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

1. PLACE OF DEATH:
(a) County HENRY Co
(b) City or town CLINTON MO
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 50 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County HENRY 42 2
(c) City or town CLINTON
(If outside city or town limits, write "RURAL")
(d) Street No. North Carter 2
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME MARTHA CAROLINE 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 Wid 2

6. (b) Name of husband or wife James N

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

7. Birth date of deceased June (Month) 6 (Day) 1859 (Year)

8. AGE: Years 82 Months 11 Days 5 If less than one day hr. min.

9. Birthplace ST CLAIR Co (City, town, or county) MO 0 (State or foreign country)

10. Usual occupation

11. Industry or business House work

MOTHER FATHER
12. Name JAMES W. BLAKNEY
13. Birthplace (City, town, or county) Ill 1 (State or foreign country)
14. Maiden name MARTHA GOWAN
15. Birthplace (City, town, or county) IOWA 1 (State or foreign country)

16. (a) Informant Marvel WHITWORTH
(b) Address CLINTON MO

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-14-42 (Month) (Day) (Year)
(c) Place: burial or cremation ENGLEWOOD

18. (a) Signature of funeral director Conselus & Peck
(b) Address Clinton Mo

19. (a) May 14, 1942 (Date received local registrar) (b) Georgia Kitchen (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 11th year 1942 hour 9:20 minute P M.

21. I hereby certify that I attended the deceased from , 1927 to May 11th, 1942 that I last saw her alive on May 11 - 1942, 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Liver — Duration 4 yrs.

Due to 46 f

Due to

Other conditions Infirmities of old age
(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 2

23. Signature Laura C Harrie (M. D. or other) 106
Address 506 E Jefferson Date signed 5/14/42

1069

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 6-42-578
Date Filed 6-8-42

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 J. E. Consalus

Licensed Embalmer No. 1891

P. O. Address Clinton 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.