

FILED DEC 18 1942

Registration District No. 49

Primary Registration District No. 55175

Registrar's No. 20

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

1. PLACE OF DEATH:

(a) County Candeur

(b) City or town Russell
(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.....
years, months or days)

3. (a) PRINT FULL NAME James E Whitworth

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

4. Sex MO 5. Color or race w 6. (a) Single, widowed, married, divorced IM

6. (b) Name of husband or wife Zoel Whitworth 6. (c) Age of husband or wife if alive 6.0 years

7. Birth date of deceased 10 28 1878
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>64</u>	<u>16</u>		hr. min.

9. Birthplace Candeur Co. Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name Wm R. Whitworth

13. Birthplace unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Eden

15. Birthplace unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Zoel Whitworth
(b) Address Woods Creek Mo.

17. (a) Rural (b) Date thereof 11-15-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Zanack Home

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

19. (a) Nov. 20 1942 (b) Ms. G. R. Jackson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Candeur 15

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. Woods Creek Mo.
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 14
year 1942 hour..... minute..... M.

21. I hereby certify that I attended the deceased from Aug 20th, 1942, to Nov 14th, 1942;
that I last saw him alive on Sept 22nd, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Prostate Glands
Duration 1 yr

Due to.....
Due to..... 518
Other conditions (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?

While at work (Specify type of place) (e) Means of injury.....

23. Signature G. J. Myers (M. D. or other)
Address Woods Creek Mo Date signed 11/15/42

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RECEIVED

District Health Officer No. 7.

District File Number 12-41-1363

Date filed 12-16-42

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.....

Licensed Embalmer No.....

P. O. Address.....

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.