. No. 2
—5-42
-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 18034

FILED JUN 12 1943

Registration District No. 143

Primary Registration District No. 2366

Registrar's No. 2-

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

1. PLACE OF DEATH:

(a) County Iron

(b) City or town Middlebrook Iron 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 life years, months or days)

2. USUAL RESIDENCE OF DECEASED: 47

(a) State Missouri (b) County Iron 0

(c) City or town Middlebrook 0

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

(d) Street No.

(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME John Henry Whitworth

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex male

5. Color or race white 0

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

6. (b) Name of husband or wife Mary Whitworth

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased October (Month) 16 (Day) 1871 (Year)

8. AGE: Years 71 Months 6 Days 11 If less than one day hr. min.

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

10. Usual occupation farmer

11. Industry or business

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

MOTHER
14. Maiden name unknown
15. Birthplace unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Mrs. Mary Whitworth

(b) Address Middlebrook Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation Middlebrook Missouri

18. (a) Signature of funeral director Norman White & Sons

(b) Address Rural White Ironton Mo.

19. (a) May 1 - 43 (Date received local registrar) (b) Mrs J C Rickers (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month April day 27 year 1943 hour minute M.

21. I hereby certify that I attended the deceased from Jan. 10th 1943, to April 27th 1943 that I last saw him alive on April 26th 1943 and that death occurred on the date and hour stated above.

Immediate cause of death acute Bilateral Pneumonia — Duration 4/26/43

Due to Intra cranial Hemorrhage (Stroke) 4/24/43

Due to Hypertensive Heart Disease ?

Other conditions Hypertrophied Prostate ?
(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

23. Signature R. E. Harland (M. D. or other) M. D.

Address Ironton, Mo. Date signed 5/5/43

1098 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 643-230

Date Filed 6-2-43

NOT

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: Ancil White

Licensed Embalmer No. 2012

P. O. Address: Trenton 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.

No. 2B
M—8-21-41
P I X29288

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. June

Registration District No. 145 Primary Registration District No. 5566 Registrar's No. 5

1. PLACE OF DEATH:

(a) County: Iron

(b) City or town: Middlebrook Iron 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 years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

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

(d) Street No.
(If rural, give location)

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

3. (a) PRINT FULL NAME: John Henry Whitworth

3. (b) If veteran, name war: J

3. (c) Social Security No.

4. Sex: M

5. Color or race: W

6. (a) Single, widowed, married, divorced: M

6. (b) Name of husband or wife

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

7. Birth date of deceased: Oct (Month) 16 (Day) 1871 (Year)

8. AGE: Years 71 Months 6 Days If less than one day hr. min.

9. Birthplace: St. Francois Co. Mo. (City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name

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

14. Maiden name

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

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April Day 27 year 1943 hour minute M.

21. I hereby certify that I attended the deceased from 19 to 19; that I last saw him alive on 19; and that death occurred on the date and hour stated above.

Immediate cause of death: Acute Bilateral Pneumonia Bronchial — Duration 4/26/43

Due to

Due to

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)

(b) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (c) Means of injury

23. Signature (M. D. or other)

Address Date signed

SUPPLEMENTARY

107

S-18034