

3. No. 2
M-2-43
5-17-39
I X355

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24734

State File No. _____

Registrar's No. 57

FILED JUL 24 1948
Registration District No. 72

Primary Registration District No. 5289

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

1. PLACE OF DEATH:

(a) County Clay

(b) City or town RR #10 North Kansas City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Home Gallatin Z
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Home (Specify whether
In this community 30 Years (Specify whether
years, months or days)

3. (a) PRINT FULL NAME PEARL O. WORTHINGTON

3. (b) If veteran, name war no

3. (c) Social Security No. 486-09-6968

4. Sex fe

5. Color of race wh

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

6. (b) Name of husband or wife James S. Worthington

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased: Sept 15 1888
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

44 9 25 hr. min.

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

10. Usual occupation Home

11. Industry or business _____

MOTHER FATHER { 12. Name Oscar W. Johnston

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

14. Maiden name Margaret Finch

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

16. (a) Informant James S. Worthington

(b) Address RR #10 North Kansas

17. (a) Burial (b) Date thereof July 13 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt Moriah Cem

18. (a) Signature of funeral director LYLAR FUNERAL HOME

(b) Address 1800 Linwood Blvd N.C. MO

19. (a) July 12 48 (b) Frank N. Henry
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay

(c) City or town RR #10 North Kansas
(If outside city or town limits, write "RURAL")

(d) Street No. RR #10 North Kansas
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 10
year 1948 hour 11 PM minute _____ M.

21. I hereby certify that I attended the deceased from May 20 1948 to July 20 1948
that I last saw him alive on 7-8 and that death occurred on the date and hour stated above.

Immediate cause of death Metastatic Carcinoma of the Lung etc

Due to Primary Carcinoma of Lung

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)

(c) Means of injury _____

23. Signature Frank N. Henry (M. D. or other) _____

Address North Kansas City Date signed 7-12-48

1021

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 8

District File Number _____

Date Filed 7-23-43

Dr Russell Hodge
Pioneer Bg

North Kansas City

Phone NO4312

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 Chas Wilks

Licensed Embalmer No. 2644

P. O. Address. 1900 Linwood

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.