

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

**FILED JAN 7 1944**

1. PLACE OF DEATH  
 (a) County Clay Registration District No. 71  
 (b) Township Washington Primary Registration District No. 3-01252 Registered No. 379 24  
 (c) City R.F.D. Lawson Mo. (d) Street No. \_\_\_\_\_ (If death occurred in Hospital or Institution, write its name instead of street and number) St. \_\_\_\_\_  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.)

2. PRINT FULL NAME 1 Capt. Emmett Wharton  
 (a) Residence, No. Clay Co. R.F.D. Lawson Mo. St.  (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 12  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 31 17  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer  
 9. Industry or business in which work was done, as saw mill, bank, etc. \_\_\_\_\_  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_  
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clay Co. Mo.  
 13. NAME Samuel Wharton  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clay Co. Mo.  
 15. MAIDEN NAME Lou Morrow  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clay Co. Mo.  
 17. INFORMANT Clarence Wharton  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Lawson Mo. DATE Dec 30 1943  
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) J.W. Morrow  
 20. FILED 12-30-1943 Wm. Sasser Redman Local Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 29 1943  
 22. I HEREBY CERTIFY, That I attended deceased from Nov. 15 1943 to Dec 29 1943  
 I last saw him alive on Dec 28 1943 Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.  
 The principal cause of death and related causes of importance were as follows:  
Chronic Myocarditis & Gidye Date of onset \_\_\_\_\_  
Cor. Arteriosclerosis  
Bronchopneumonia  
 Other contributory causes of importance: 934  
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Clinical Was there an autopsy? No  
 23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.  
 Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_  
 24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
 If so, specify \_\_\_\_\_ (Signed) Det. Buchner, M. D.  
 (Address) Lawson Mo. 12/30/43

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50M-9-11-1 1-16-65

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

1-6-47

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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

*James A. Moler*

Licensed Embalmer No. *3296.*

P. O. Address

*El Springs, 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, above space should be left blank.