

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **10813**

**FILED APR 6 1944**

Registration District No. **50**

Primary Registration District No. **3017**

Registrar's No. **50**

1. PLACE OF DEATH:

(a) County **Cooper**

(b) City or town **Boonville**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
**Dr. Alex Ravensway Hospital**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **4 Days**  
(Specify whether years, months or days)

In this community **17 Years.**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Cooper**

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

(d) Street No. **516 West St.**  
(If rural, give location)

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

If yes, name country **—**

3. (a) PRINT FULL NAME **Albert N. Whitworth.**

3. (b) If veteran,  name war **—**

3. (c) Social Security No. **—**

4. Sex **Male**

5. Color or Race **White**

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

6. (b) Name of husband or wife **Gertrude Ann Whitworth.**

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

7. Birth date of deceased **January 13 1884**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>60</b>	<b>3</b>	<b>3</b>	hr. min.

9. Birthplace **Leavenworth, Kansas**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Stone Cutter.**

11. Industry or business **Monument Works.**

12. Name **Unknown**

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

14. Maiden name **Unknown**

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

16. (a) Informant **Ronald Nye**

(b) Address **Boonville, Mo.**

17. (a) **Burial** (b) Date thereof **March 18/44**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Calvary Cem. K.C. Mo.**

18. (a) Signature of funeral director **Goodman & Boller**

(b) Address **Boonville, Mo.**

19. (a) **Mar-17-44** (b) **Dr. Chas. Swap.**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **15**  
year **1944** hour **10** minute **50 p.M.**

21. I hereby certify that I attended the deceased from **March 1**  
**1944** to **March 15** 19**44**;  
that I last saw him alive on **March 15** 19**44**  
and that death occurred on the date and hour stated above.

Immediate cause of death  
**Carcinoma of stomach with pyloric obstruction**

Due to **—**

Due to **—**

Other conditions **—**  
(Include pregnancy within 3 months of death)

Major findings: **See above**

Of operations **—**

Of autopsy **none**

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?  
**Kans**

While at work? **—** (Specify type of place) (e) Means of injury

23. Signature **—** (M. D. or other)

Address **Boonville Mo** Date signed **3-16-44**

Duration **6**  
**Months**

PHYSICIAN **—**  
Underline the cause to which death should be charged statistically.

**H68**

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

MOTHER FATHER

RECEIVED

District Health Officer No. \_\_\_\_\_

District File Number \_\_\_\_\_

Date Filed 4-5-44

---

---

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 G. F. Bolles

Licensed Embalmer No. 3067

P. O. Address Boonville, 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.**