

FILED APR 6 1944
Registration District No. 250

Primary Registration District No. 5850

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

1. PLACE OF DEATH:

(a) County Nodaway

(b) City or town Washington Twp. Rural
(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 All life (Specify whether _____)
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nodaway

(c) City or town Washington Twp. Rural
(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 _____

3. (a) PRINT FULL NAME Luch Ann Whorton

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 14th
year 1944 hour 10 minute A M.

21. I hereby certify that I attended the deceased from 17th
December 1930 to March 14th 1944
that I last saw her alive on March 13th 1944
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased September 2 1884
(Month) (Day) (Year)

Immediate cause of death Endocarditis

Due to Chronic Arthritis 16yrs

Due to _____

8. AGE: Years 79 Months 6 Days 12 If less than one day _____ hr. _____ min.

Other conditions Cardio-renal
(Include pregnancy within 3 months of death)

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

10. Usual occupation Housekeeper

11. Industry or business Own home

MOTHER FATHER { 12. Name William Kent Whorton

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

14. Maiden name Mary Ellen Tilton

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

Major findings: Of operations none

Of autopsy No

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

16. (a) Informant Mrs Ethel Hubble
(b) Address Guilford, Mo.

17. (a) Burial (b) Date thereof 3. 16. 44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Guilford, Mo.

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 _____

18. (a) Signature of funeral director C C Reynolds
(b) Address Guilford, Mo.

19. (a) 3. 15. 44 (b) A D Barnett
(Date received local registrar) (Registrar's signature)

23. Signature A D Barnett (M. D. or D.O.)
Address Guilford, Mo. Date signed 3. 15. 44

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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 _____

Lacey F. Plutter

Licensed Embalmer No. _____

1898

P. O. Address _____

Stanberry, N. C.

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.