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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 29 1944

Registration District No. 49

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002.

State File No. 20658

Registrar's No. 2518

1. PLACE OF DEATH:

(a) County JACKSON

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

(c) Name of hospital or institution: 4704 GRAND AVENUE
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ---

In this community 36 YRS. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON

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

(d) Street No. 4704 GRAND AVENUE
(If rural, give location)

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

If yes, name country ---

3. (a) PRINT FULL NAME EVERETT HARRY HAWORTH

3. (b) If veteran, name war WORLD WAR I

3. (c) Social Security No. NONE

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife MRS. BLANCHE HAWORTH.

6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased JANUARY (Month) 25 (Day) 1894 (Year)

8. AGE: Years 50 ~~49~~ Months 54 Days 18 19 If less than one day ____ hr. ____ min.

9. Birthplace KOKOMO (City, town, or county) INDIANA (State or foreign country)

10. Usual occupation SALESMAN-AUTO MECHANIC

11. Industry or business OWN BUSINESS

FATHER
12. Name PRESTON HAWORTH
13. Birthplace UNKNOWN (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name LILLIE BUFFINGTON
15. Birthplace (City, town, or county) ENGLAND (State or foreign country)

16. (a) Informant MRS. BLANCHE HAWORTH

(b) Address 4704 GRAND AVENUE

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JUNE 14 1944 (Month) (Day) (Year)

(c) Place: burial or cremation MEMORIAL PARK

18. (a) Signature of funeral director D. H. Purcell

(b) Address 1401 BRUSH CREEK BLVD

19. (a) 6-14-44 (Date received local registrar) (b) N. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 12TH year 1944 hour 1 minute 02 P.M.

21. I hereby certify that I attended the deceased from June 12th, 19__, to ____, 19__; that I last saw him alive on June 12, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinomas of lung	
Due to 47 D	
Due to	
Other conditions Cachexia (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 F. N. Hodgson (M. D. or other) MD

Address 200 Plaza Med Bldg Date signed 6-14-44

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(Licensed Embalmer's Statement on Reverse Side)

JUN 29 [illegible]

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 E. O. Northey

Licensed Embalmer No. 1767

P. O. Address Kansas City

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.