

FILED MAY 2 1945
Registration District No. **2036**

Primary Registration District No. **3036**

Registrar's No. **27**

535
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1
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Linn

(b) City or town Anna, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Anna Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 24 yr
(Specify whether years, months or days)

3. (a) PRINT FULL NAME DAVE W McWHIRTER

(b) If veteran, name war no

3. (c) Social Security No. _____

4. Sex MO 5. Color or race W

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

6. (b) Name of husband or wife NADINE McWHIRTER

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

7. Birth date of deceased June 9th 1920
(Month) (Day) (Year)

8. AGE: Years 24 Months 8 Days 26
If less than one day _____ hr. _____ min.

9. Birthplace Franklin County
(City, town, or county) (State or foreign country)

10. Usual occupation miner

11. Industry or business _____

12. Name Frank McWhorter

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

14. Maiden name Ontley Ann

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

16. (a) Informant Nadine McWhorter

(b) Address Anna Mo

17. (a) Burial (b) Date thereof 3/7/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Park

18. (a) Signature of funeral director Geo. T. Marsh

(b) Address Anna Mo

19. (a) 3-7-45 (b) Carroll Greene
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Linn

(c) City or town Anna Mo
(If outside city or town limits, write "RURAL")

(d) Street No. General Delivery
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 2
year 1945 hour 10 minute 30 PM

21. I hereby certify that I attended the deceased from 2 1/2
1945 to 2 1/5 1945

that I last saw him alive on 3/5 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral skull fracture

Duration 12 hr

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations 1748

Of autopsy 174

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) accident

(b) Date of occurrence 3/5/45

(c) Where did injury occur? Anna Lawrence Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Mine - Linn

While at work? yes (Specify type of place) (e) Means of injury Shot by Bullets

23. Signature R. L. Cowan (M. D. or Other) _____
Address Anna, Mo Date signed 3/2/45

JUN 15 1948

RECEIVED

District Health Officer No. 6,

District File Number 445-460

Date Filed APR 19 1945

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.....

Myself....., Registered Apprentice No.
working under my personal supervision.

Signed Quinn L. Marsh.....

Licensed Embalmer No. 3872.....

P. O. Address. Quinn 40.....

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.