

FILED OCT 8 1945

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 764

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

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Basil's Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Lawrence 55
(c) City or town Wm. Vernon 3
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) 1
(e) Citizen of foreign country? X (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Charles Taylor Heworth

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

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

6. (b) Name of husband or wife Sarah Heworth 6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased Nov. 5, 1878
(Month) (Day) (Year)

8. AGE: Years 66 Months 10 Days 20 If less than one day hr. min.

9. Birthplace Calwell Co. Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Stock & Grain

12. Name David Milburn Heworth

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

14. Maiden name Mary Scully

15. Birthplace Unk. Mo. 1872 (City, town, or county) (State or foreign country)

16. (a) Informant Miss Cora Heworth

(b) Address 2929 Main St. Kennett Mo.
17. (a) None (b) Date thereof 9/25/45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Salmon

18. (a) Signature of funeral director Geo B Orr
(b) Address Wm. Vernon Mo.
19. (a) 9-27-45 (b) W. E. Haudley
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 24
year 1945 hour 4 minute 15 P.M.

21. I hereby certify that I attended the deceased from Aug. 1945, to Sept 25 1945, that I last saw him alive on Sept 24 1945, and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 7 do

Due to _____

Due to _____

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

For findings: Of operations 0 Of autopsy 0
PHYSICIAN J. B. [Signature]
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 _____

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 _____

23. Signature J. P. Moseux (M. D. or other) _____
Address Springfield, Mo. Date signed 9-27-45

NOV 17 1952

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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.....

Licensed Embalmer No..... *946*

P. O. Address..... *Mr. Vernon 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.

X