V. S. No. 2
50M—5-42
Rev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED OCT 8 1945

State File No. 30618

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 748

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: 457 Cherry
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 3 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39
(c) City or town Springfield 2
(If outside city or town limits, write "RURAL")
(d) Street No. 457 Cherrry 6
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME John Alix Whitworth

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

4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife Eva Whitworth
6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased April (Month) 2, (Day) 1862 (Year)

8. AGE: Years 83 Months 5 Days 19 If less than one day ..... hr. ..... min.

9. Birthplace Poplar Bluff, (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Retired
11. Industry or business

FATHER
12. Name Alix Whitworth
13. Birthplace Unknown (City, town, or county) unk. 9 (State or foreign country)

MOTHER
14. Maiden name Lovina (Unknown)
15. Birthplace Unknown (City, town, or county) unk. 9 (State or foreign country)

16. (a) Informant Helen Whitworth
(b) Address Joplin, Missouri
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 9/22/45 (Month) (Day) (Year)
(c) Place: burial or cremation Poplar Bluff, Mo.
18. (a) Signature of funeral director H. H. Lohmeyer
(b) Address Springfield, Missouri
19. (a) 9-22-45 (Date received local registrar) (b) H W E Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 21 year 1945 hour 8:00 minute p. M.

21. I hereby certify that I attended the deceased from 9/1, 1944, to 9/21, 1945 that I last saw him alive on 9/21/45, 19..; and that death occurred on the date and hour stated above.

Immediate cause of death Gen Senilitez Myocarditis

Due to Old age

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

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 A. E. Adler (M. D. or other)
Address Springfield, Mo. Date signed 9/22/45

(Licensed Embalmer's Statement on Reverse Side)

OCT 31 1945

NOV 6 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 ....., Registered Apprentice No. ....., working under my personal supervision.

Signed Walter E. Hamilton

Licensed Embalmer No. 3808

P. O. Address Springfield 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.