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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 15 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39238**
Registrar's No. **155**

Registration District No. **290**

Primary Registration District No. **5983**

1. PLACE OF DEATH:
(a) County **Pulaski**
(b) City or town **Waynesville**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Rout 1.1**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **MO** (b) County **Pulaski**
(c) City or town **Waynesville**
(If outside city or town limits, write "RURAL")
(d) Street No. **Rural Road no 1**
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **Betty Ruth Kinworthy**
3. (b) If veteran, name war.....
3. (c) Social Security No.....

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Nov** day **20**
year **1947** hour **3** minute **55** A.M.
21. I hereby certify that I attended the deceased from **18 Nov**
....., 1947, to **20 Nov** 1947
that I last saw her alive on **Nov 18** 1947
and that death occurred on the date and hour stated above.

4. Sex **Female** 5. Color or race **W**
6. (a) Single, widowed, married, divorced **Infant**
6. (b) Name of husband or wife.....
6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased **Nov 18 1947**
(Month) (Day) (Year)

Immediate cause of death **Asphyxiation**
Due to **Unknown Cause**
Probably Blankets
Due to.....
Other conditions (Include pregnancy within 3 months of death).....
Major findings: Of operations **142**
Of autopsy **110**

8. AGE: Years Months Days If less than one day
0 0 2 hr. min.
9. Birthplace **Waynesville Rout 1**
(City, town, or county) (State or foreign country)

10. Usual occupation **Infant**
11. Industry or business.....
12. Name **Johnnie Kinworthy**
13. Birthplace **Miller Co. Mo**
(City, town, or county) (State or foreign country)

14. Maiden name **Francis Eberhart**
15. Birthplace **Boonville Mo**
(City, town, or county) (State or foreign country)

16. (a) Informant **Johnnie Kinworthy**
(b) Address **Waynesville Rout 1**
17. (a) **Burial** (b) Date thereof **11-21-1947**
(Burial, cremation, or removal) (Month) (Day) (Year)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) **accidental**
(b) Date of occurrence **20/Nov 47**
(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?
Home on Bed with mother
While at work?..... (Specify type of place)
(e) Means of injury.....

(c) Place: burial or cremation **Shuman Cemetery**
18. (a) Signature of funeral director **R.B. Jeepe**
(b) Address **Richland Mo**
19. (a) **Dec. 13 1947** (b) **Thelma C. Bushong**
(Date received local registrar) (Registrar's signature) **385**

23. Signature **Richard** (M. D. or other)
Address **Richland** Date signed **20 Nov 47**

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

MOTHER, FATHER

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.

Not Embalmed

Signed..... *R. B. Dupree*

Licensed Embalmer No. *3198*

P. O. Address *Richmond*

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.