o. 2
4-41
7-39
X28390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 5899

MAR 14 1941

Registration District No. 1399

Primary Registration District No. 1002

Registrar's No. 671

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: K.C. General Hospital No. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 9 days (Specify whether years, months or days)

In this community: 20 Years

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.: 139 North Denver
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME: JOHN McWHORTER

3. (b) If veteran, name war: No

3. (c) Social Security No. 486-07-8019

4. Sex: Male

5. Color or race: Wh.

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Verna

6. (c) Age of husband or wife if alive: 40 years

7. Birth date of deceased: Jan. 6, 1899 (Month) (Day) (Year)

8. AGE: Years 42 | Months 1 | Days 6 | If less than one day ____ hr. ____ min.

9. Birthplace: Illinois (City, town, or county) / (State or foreign country)

10. Usual occupation: Pattern Maker

11. Industry or business: Burd & Fletcher Box Co.

FATHER
12. Name: J. W. McWhorter
13. Birthplace: Kentucky (City, town, or county) / (State or foreign country)

MOTHER
14. Maiden name: Jennie Thompson
15. Birthplace: Illinois (City, town, or county) / (State or foreign country)

16. (a) Informant: Mrs. Verna McWhorter
(b) Address: 139 No. Denver

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 2/15/41 (Month) (Day) (Year)
(c) Place: burial or cremation: C. Memorial Park Cemetery

18. (a) Signature of funeral director: C. H. Blackman & Son, Inc.
(b) Address: Kansas City, Mo.

19. (a) 2/15/41 (Date received by local registrar) (b) M. M. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 12th year 1941 hour 2 minute 45 P. M.

21. I hereby certify that I attended the deceased from 2-3-41, 19__, to 2-12-41, 19__; that I last saw him alive on 2-12-41, 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Lues of Central nervous system	
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death): Malaria-therapy 2 D C	

Major findings:
Of operations:
Of autopsy: No

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: Irving R. Thom (M.D. or other)
Address: Med. Dir. K.C. Gen. Hospital, K.C. Mo. Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 H D Blackman

Licensed Embalmer No. 3639

P. O. Address Kansas City, Mo.

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

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