

FILED MAY 5 1943

Registration District No. 164 Primary Registration District No. 30232 Registrar's No. 41

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

1. PLACE OF DEATH:

(a) County Johnson

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

(c) Name of hospital or institution:
316 Broad St
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 30 yrs. years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson

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

(d) Street No. 316 Broad
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mary Ellen Bales

3. (b) If veteran, name war _____

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 18 year 1943 hour 11:45 minute _____ A.M.

4. Sex Female

5. Color or race white

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

6. (b) Name of husband or wife C. O. Bales

6. (c) Age of husband or wife if alive 82 years

7. Birth date of deceased Sep - 12 - 1868
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from April 18 1943 to April 18 1943 that I last saw him alive on April 18 1943 and that death occurred on the date and hour stated above.

8. AGE:

| Years | Months | Days | If less than one day |
|-----------|----------|----------|----------------------|
| <u>74</u> | <u>7</u> | <u>5</u> | hr. _____ min. |

Immediate cause of death Coronary thrombosis blue

9. Birthplace Lamonte - Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

Due to _____

Due to _____

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

MOTHER FATHER

11. Industry or business _____

12. Name Archibald Whitworth

13. Birthplace Lafayette Co. Mo. 0
(City, town, or county) (State or foreign country)

14. Maiden name America R. Weather

15. Birthplace Lamonte Mo. 0
(City, town, or county) (State or foreign country)

PHYSICIAN

Major findings: Of operations _____

Of autopsy none

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Edna Fluty

(b) Address Warrensburg Mo.

17. (a) Burial (b) Date thereof April 22 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lamonte Mo.

18. (a) Signature of funeral director Sweeney-Phillips

(b) Address Warrensburg Mo.

19. (a) Apr. 19 1943 (b) Leslie M Williams
(Date received local registrar) (Registrar's signature)

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Wm R Patterson (M. D. or other) _____
Address Warrensburg Mo Date signed 4-19-43

RECEIVED

Sanitary Health Officer No. 8,

District File Number _____

Date Filed 4-19-43

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 R. Q. Phillips

Licensed Embalmer No. 2520

P. O. Address Warrensburg, 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.