

FILED SEP 10 1944

Registration District No. 128

Primary Registration District No. 5466

Registrar's No. 6720

1. PLACE OF DEATH:

(a) County Reine
(b) City or town Rural, 5 Campbell Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Ozark Osteopathic Hosp
(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 days
years, months or days)

3. (a) PRINT FULL NAME Jerry Ray Haworth

3. (b) If veteran, name war 770 3. (c) Social Security No. 720

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive xx years

7. Birth date of deceased aug. (Month) 4 (Day) 1944 (Year)

8. AGE: Years 0 Months 0 Days 13 If less than one day hr. min.

9. Birthplace Missouri Christian Co. MO (City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business _____

12. Name Lester Haworth
13. Birthplace Christian Co. MO (City, town, or county) (State or foreign country)

14. Maiden name Cressie Redman
15. Birthplace Christian Co. MO (City, town, or county) (State or foreign country)

16. (a) Informant Lester Haworth
(b) Address Nixa MO

17. (a) Burial (b) Date thereof Aug 19 44 (Monthly) (Day) (Year)
(c) Place: burial or cremation Highlandville MO

18. (a) Signature of funeral director J.W. Maples
(b) Address Elmer, MO

19. (a) 8-18-44 (b) Dr W E Standley (Registrar's signature)
(Date received local registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Christian
(c) City or town Nixa (If outside city or town limit- write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 17, year 1944 hour 10:20 minute P. M.

21. I hereby certify that I attended the deceased from Aug 15, 1944, to Aug 17, 1944.

that I last saw him alive on Aug 17, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to Bronchitis

Due to _____

Other conditions (Include pregnancy within 3 months of death) 101

Major findings: Of operations _____

Of autopsy _____

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) (c) Means of injury? _____

23. Signature William S. [unclear]
Address Springfield MO Date signed 8/19/44

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

39
0
0

22
0

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

4844

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 JW Maple

Licensed Embalmer No. Chener 2110

P. O. Address 2985

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, above space should be left blank.