

FILED MAR 22 1947

Registration District No. **228947** Primary Registration District No. **2000**

Registrar's No. **203**

1. PLACE OF DEATH: **GREENE**
 (a) County **Greene**
 (b) City or town **Springfield**
 (c) Name of hospital or institution: **St. John's Hospital**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **2 days**
 In this community **2 days**
 years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Greene**
 (c) City or town **Springfield**
 (d) Street No. **Route #9 Box 209**
 (e) Citizen of foreign country? **No**
 If yes, name country

3. (a) PRINT FULL NAME **Donna Lou Whitworth**
 3. (b) If veteran, name war **No**
 3. (c) Social Security No. **No**

4. Sex **Female** 5. Color or race **W**
 6. (a) Single, widowed, married, divorced **1**
 6. (b) Name of husband or wife **Willie Jean Trotter**
 6. (c) Age of husband or wife if alive **6** years **1947**
 7. Birth date of deceased: **3** (Month) **6** (Day) **1947** (Year)

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

9. Birthplace **Springfield Missouri**
 (City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business
 12. Name **Floyd Leroy Whitworth**
 13. Birthplace **Springfield Missouri**
 14. Maiden name **Willie Jean Trotter**
 15. Birthplace **Springfield Missouri**

16. (a) Informant **St. Johns Hospital**
 (b) Address **Springfield, Missouri**
 17. (a) **Burial** (b) Date thereof **3/20/1947**
 (c) Place: burial or cremation **Greenlawn**

18. (a) Signature of funeral director **Wm. Lohmeyer** Funeral Home
 (b) Address **Springfield, Missouri**
 19. (a) **3-10-47** (b) **W. J. Handley M.D.**
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **March** day **7**
 year **1947** hour **5** minute **45** M.
 21. I hereby certify that I attended the deceased from **6** 1947 to **March 7** 1947
 that I last saw her alive on **March 7** 1947 and that death occurred on the date and hour stated above.

Immediate cause of death **Atelectasis of lungs**
Asbestosis
 Due to

Due to
 Other conditions (include pregnancy within 3 months of death)
 Major findings: **15**
 Of autopsy

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?
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature **Eric L. ...** (M. D. or other)
 Address **510 Woodruff** Date signed **Mar 7 47**

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

39
 2
 6

STATEMENT BY LICENSED EMBALMER

Thereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
Julian R. Goodman....., Registered Apprentice No. 473
working under my personal supervision.

Signed James E. Kundle
Licensed Embalmer No. 2831
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.