

Registration District No. **247**

Primary Registration District No. **4368**

Registrar's No. **20**

**1. PLACE OF DEATH:**

(a) County **Newton**  
(b) City or town **Wentworth**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **Railroad crossing in Wentworth no. 3**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community **5 years**  
years, months or days

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **MO** (b) County **Newton 73**  
(c) City or town **Rural**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **route of Wentworth 5**  
(If rural, give location)  
(e) Citizen of foreign country? **no** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **JAMES ATTHERRY**

3. (b) If veteran, name war **no** 3. (c) Social Security No. **none**

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Single**

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if \_\_\_\_\_ years

7. Birth date of deceased **Aug 21 1942**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>5</b>	<b>8</b>	<b>22</b>	hr. _____ min.

9. Birthplace **Japan no** **MO G**  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name **Perry Attherry**

13. Birthplace **Japan no** **MO O**  
(City, town, or county) (State or foreign country)

14. Maiden name **Attherry**

15. Birthplace **Valley Falls MO**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Perry Attherry**

(b) Address **Wentworth MO**

17. (a) **Burial** (b) Date there **5-16-47**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Agnes cemetery**

18. (a) Signature of funeral director **Willie Brock**

(b) Address **Pence City MO**

19. (a) **5-14-47** (b) **J.M. Young**  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **MAY** day **13**  
year **1947** hour **4:10** minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_  
that I last saw him **alive on** **May 13 1947**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Crushed chest** Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

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) **Accident 73**

(b) Date of occurrence **May 13 1947**

(c) Where did injury occur? **Wentworth Newton MO**  
(City or town) (County) (State)

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

(Specify type of place)

While at work **no** (e) Means of injury **Train that ran**

23. Signature **Corley Thompson** (M. D. or other) **3**

Address **Wentworth MO** Date signed **5/13/47**

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

MOTHER FATHER

SEP 22 1947

RECEIVED

District Health Officer No. Newkirk

District File Number 542-102

Date Filed 5-20-47

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, Edwin P. Wilka

Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

Licensed Embalmer No. 4131

P. O. Address Pure City 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.