

FILED FEB 17 1948

State File No. _____

Registration District No. 78

Primary Registration District No. 4124

Registrar's No. 9

1. PLACE OF DEATH:

(a) County Clark
(b) City or town Kahoka
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Clark
(c) City or town Kahoka
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Geniva Grace M^s Whorton

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

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Octavius M^s Whorton 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Oct. 28-1865 (Month) (Day) (Year)

8. AGE: Years 82 Months 4 Days 28 If less than one day hr. _____ min. _____

9. Birthplace _____ (City, town, or county) _____ (State or foreign country)

10. Usual occupation housekeeping

11. Industry or business _____

12. Name John H. V. Calvert

13. Birthplace _____ (City, town, or county) _____ (State or foreign country)

14. Maiden name Mary Jane Hill

15. Birthplace _____ (City, town, or county) _____ (State or foreign country)

16. (a) Informant Titula Calvert

(b) Address Blue M^s

17. (a) Burial (b) Date thereof Jan. 28-1948 (Month) (Day) (Year)

(c) Place: burial or cremation Peasbelle, Mo.

18. (a) Signature of funeral director Walter W. W.

(b) Address Kahoka, Mo.

19. (a) 1-9-48 (b) J. B. Judges (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 26 year 1948 hour 6 minute P. M.

21. I hereby certify that I attended the deceased from July 1 1947 to Jan 26 1948 that I last saw her alive on Jan 26 1948 and that death occurred on the date and hour stated above.

Immediate cause of death _____

Carcinoma of Liver

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

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 Perry B. Bortner (Physician's signature) or other _____
Address Kahoka, Mo. Date signed Jan 27, 1948

Duration _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED
District Health Officer No.
District File Number 2-4822
Date Filed FEB 16 1948

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 Chas. L. Cutting

Licensed Embalmer No. 2765

P. O. Address Amey

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.