

S. No. 2
11-10-39
5-17-39
I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 17 1948

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **7623**

Registration District No. **360**

Primary Registration District No. **6225**

Registrar's No. **26**

1. PLACE OF DEATH:
 (a) County Bryan
 (b) City or town Neels Hall Mo
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: State Hospital #2
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 7 mo 2 days
 (Specify whether years, months or days) 7 months 21 days

8. (a) PRINT FULL NAME FRED WHITWORTH
 8. (b) If veteran, name war L
 8. (c) Social Security No. V

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Div.
 6. (b) Name of husband or wife L
 6. (c) Age of husband or wife if alive V years
 7. Birth date of deceased 6-1-1901
 (Month) (Day) (Year)

8. AGE: Years 46 Months 8 Days 9
 If less than one day hr. min.

9. Birthplace Neels Creek Mo
 (City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business

MOTHER FATHER
 12. Name F. M. Whitworth
 13. Birthplace Neels Creek Mo
 (City, town, or county) (State or foreign country)
 14. Maiden name Edna B. Neels
 15. Birthplace Neels Creek Mo
 (City, town, or county) (State or foreign country)

16. (a) Informant Hospital records
 (b) Address Neels, Mo.

17. (a) Burial (b) Date thereof Feb 12 48
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Burial Neels Hall

18. (a) Signature of funeral director L. B. Jones
 (b) Address Buffalo Mo

19. (a) 2-5-48 (b) W. H. H. H. H.
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County Condell
 (c) City or town Neels Creek
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) If foreign born, how long in U. S. A.? no years.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Feb day 10
 year 1948 hour 1 minute 40 A. M.
 21. I hereby certify that I attended the deceased from 6-20 1947 to 2-10 1948
 that I last saw him alive on 2-9 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death Creep heart
 Duration _____
 Due to V
 Due to V
 Other conditions V
 (Include pregnancy within 3 months of death)
 Major findings: JOB
 Of operations V
 Of autopsy V

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? V (Specify type of place) (e) Means of injury _____
 23. Signature W. H. H. H. (M. D. or other) _____
 Address Neels Mo Date signed 2-10-48

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

RECEIVED

District Health Officer No. 7,

District File Number 1-48-64

Date Filed 2-16-48

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 Mavis B. Jones

Licensed Embalmer No. 4322

P. O. Address Buffalo, 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, above space should be left blank.