

FILED APR 10 1948
Registration District No. 182

Primary Registration District No. 5595

Registrar's No. 19

1. PLACE OF DEATH:

(a) County Jefferson

(b) City or town Imperial Rural Rock
(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 _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson

(c) City or town Imperial
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Marvin G. Whitworth

3. (b) If veteran, name war _____

3. (c) Social Security No. 500-16-2848

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 30 year 1948 hour 8 minute 43 P.M.

21. I hereby certify that I attended the deceased from July 43 1948 to Mar 30 1948

that I last saw him alive on 3-30 and that death occurred on the date and hour stated above.

Immediate cause of death Chr. Myocarditis

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Married

6. (b) Name of husband or wife Ann Shaw 6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased: December 1 1877
(Month) (Day) (Year)

Duration _____

Due to _____

Due to _____

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

Major findings:
Of operations 133

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

70	3	29	hr. min.
----	---	----	----------

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

10. Usual occupation Carpenter

11. Industry or business _____

12. Name George Whitworth

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

14. Maiden name Sarah Unknown

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

16. (a) Informant Mrs. Marvin G. Whitworth

(b) Address Imperial, Missouri

17. (a) Burial (b) Date thereof. 2 April 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ste. Genevieve, Missouri

18. (a) Signature of funeral director James H. Smith

(b) Address Ste. Genevieve, Missouri

19. (a) April 4 48 (b) Phil. J. Kirk
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(c) 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)

(f) Means of injury _____

23. Signature Frank M. [unclear] (M. D. or other)

Address Dummarck, Mo Date signed 3/31/48

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

50
000

RECEIVED
District Health Officer No. 9,
District File Number 4-8-48
Date Filed

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

Elmer Haligtag

Licensed Embalmer No. 3571

P. O. Address Keenewick, Me.

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.