FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 24 1949

Registration District No. 86

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5328

State File No. 42434

Registrar's No.

1. PLACE OF DEATH:
(a) County: Crawford
(b) City or town: Leasburg, "Rural"
(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 years, months or days)
In this community: 4 yr

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Crawford 28
(c) City or town: Leasburg, "Rural" 0
(If outside city or town limits, write "RURAL")
(d) Street No. 9
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: MARION F. WHITWORTH
3. (b) If veteran, name war: No.
3. (c) Social Security No. 498-01-5116
4. Sex: Male
5. Color or race: W.
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Harriet Nixon
6. (c) Age of husband or wife if alive: 70 years
7. Birth date of deceased: July, 1st, 1873. (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
75	5	11	hr. 0 min.

9. Birthplace: Catawissa, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation: Welder
11. Industry or business:
FATHER
12. Name: Thompson Whitworth
13. Birthplace: Missouri (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: NANCY E. WIDEMAN
15. Birthplace: Unknown (City, town, or county) MISSOURI (State or foreign country)
16. (a) Informant: Darryl Whitworth
(b) Address: Leasburg, Missouri.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12-15-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Cross Roads Cemetery
18. (a) Signature of funeral director: Elbert Long
(b) Address: Bourbon, Missouri.
19. (a) 12-15-48 (Date received local registrar) (b) Louis Fulton (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 12th year 1948 hour 8 minute P.M.
21. I hereby certify that I attended the deceased from Dec. 2-48, ..., 19.., to Dec. 12, 1948, that I last saw him alive on Dec. 11, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic Endocarditis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause of 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? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (Specify) Means of injury
23. Signature: W. G. Irwin (M. D. or other)
Address: Bourbon Mo. Date signed 12-13-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

JAN 24 1949

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 Norman C. Harris Registered Apprentice No. 445 working under my personal supervision.

Signed Elbert E. Long

Licensed Embalmer No. 3504

P. O. Address Bourbon Ind

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.