

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

43084

Do not use this space.

1. PLACE OF DEATH

(a) County GREENE 2 Registration District No. 378
 (b) Township _____ Primary Registration District No. 2001 Registered No. 948
 (c) City SPRINGFIELD 1 (d) Street No. 819 S. Grant St. _____
 (e) Length of residence in city or town where death occurred 31 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Frances Adel Worster
 (a) Residence, No. 819 S. Grant St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 14, 18 50

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
✓ 88 2 26

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fannville, N. Y.

FATHER 13. NAME C. Worster

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Vt.

MOTHER 15. MAIDEN NAME Maria Grancher

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Vermont

17. INFORMANT (ADDRESS) Clarence Worster
819 S. Grant

18. BURIAL, CREMATION, OR REMOVAL PLACE East Lawn DATE Dec. 11, 19 38

19. FUNERAL DIRECTOR (NAME) (ADDRESS) F. G. Thieme
Springfield, Mo.

20. FILED Dec 11, 1938 Chas. A. George, Jr.
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 10, 19 38

22. I HEREBY CERTIFY, That I attended deceased from Dec 10, 1938, to Dec 10, 1938
 I last saw him alive on Dec 10, 1938 Death is said to have occurred on the date stated above, at 1:45 p.m.

The principal cause of death and related causes of importance were as follows:

Pneumonia Bronchial
 Other contributory causes of importance: None
 Date of onset _____

Name of operation None Date of _____
 What test confirmed diagnosis? Physiwork Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no Date of injury _____, 19____
 Where did injury occur? None (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____ (Signed) W. F. Kern, M. D.
 (Address) Springfield Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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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,

Ralph Thieme

, or by

Registered Apprentice No., working under my personal supervision.

Signed

Ralph Thieme

Licensed Embalmer No.

3681

P. O. Address

Springfield, 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.