

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

2015

State File No. _____

Registration District No. 123

Primary Registration District No. 5232

Registrar's No. 6

1. PLACE OF DEATH:

(a) County Cedar
(b) City or town Cedar Springs, Mo.
(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 1 1/2

8. (a) PRINT FULL NAME Kennith L. Worthington

8. (b) If veteran, _____ name war. _____ 8. (c) Social Security No. _____

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Dec - 28 - 1926
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
13 0 22 hr. _____ min.

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

10. Usual occupation at school

11. Industry or business _____

12. Name Everette Worthington

13. Birthplace Cedar Co Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Rose Kirkley

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

16. (a) Informant Everette Worthington

(b) Address Cedar Springs, Mo. R. 5

17. (a) Burial (b) Date thereof Jan 21 - 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Harrison Chapel

18. (a) Signature of funeral director Harrison-Silvers

(b) Address Cedar Springs, Mo.

19. (a) 1-21-40 (b) J. W. Harrison
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cedar
(c) City or town Cedar Springs, Mo.
(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. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 20
year 1940 hour 9 minute 15 M.

21. I hereby certify that I attended the deceased from 1-14 1940
to 1-20 1940

that I last saw him alive on 1-19 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction

Due to Myocardial Infarction of wood
in Right Ventricle Two weeks

Due to Before

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: None
Of operations None

Of autopsy None

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

(a) Accident, suicide, or homicide (specify) None

(b) Date of occurrence None

(c) Where did injury occur? at home
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? Play (Specify type of place)
(e) Means of injury _____

23. Signature J. W. Harrison (M. D. or other)
Address Office No. 1 Date signed 1-21-40

RECEIVED
District Health Officer No. 7.
District File Number 2-46-165
Date Filed 2-2-40

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.