

Registration District No. 384Primary Registration District No. 4227

Registrar's No. \_\_\_\_\_

## 1. PLACE OF DEATH:

- (a) County Howell 1940 2  
 (b) City or town West Plains  
 (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 64 years3. (a) PRINT FULL NAME Andrew Van Wormer 565

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

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

6. (b) Name of husband or wife
- Nancy Dixon
6. (c) Age of husband or wife if

alive \_\_\_\_\_ years  
 7. Birth date of deceased June 18 1855  
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>84</u>	<u>6</u>	<u>29</u>	hr. _____ min. _____

9. Birthplace Farmington, Missouri  
(City, town, or county) (State or foreign country)10. Usual occupation Retired (insurance adjuster)

11. Industry or business \_\_\_\_\_

- MOTHER FATHER  
 { 12. Name Aaron Van Wormer 9  
 13. Birthplace Unknown 7  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Mildred Sutherland 7  
 15. Birthplace Unknown  
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. R. Cochran(b) Address West Plains, Mo.17. (a) Burial (b) Date thereof Jan. 19 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Oak Lawn Cem., West Plains, Mo.18. (a) Signature of funeral director Hal Thourburgh(b) Address West Plains, Mo.19. (a) 1-18-40 (b) Vida M. SIMONS  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

- (a) State
- Missouri
- (b) County
- Howell

(c) City or town West Plains, 1  
(If outside city or town limits, write "RURAL")(d) Street No. 125 West Main  
(If rural, give location)

- (e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 17  
year 1940 hour 4 <sup>10</sup> minute A.M.21. I hereby certify that I attended the deceased from  
11-27- 1939 to 1-17 1940;that I last saw him alive on 1-17- 1940  
and that death occurred on the date and hour stated above.Immediate cause of death Kobax Pneumonia Duration 11-27-39

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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

Major findings: Of operations \_\_\_\_\_

Of autopsy none

## PHYSICIAN

Underline the cause to 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?

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_23. Signature E. C. Bohrer (M. D. or other) \_\_\_\_\_  
Address West Plains Mo. Date signed 1-22-40

**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~~.....

..... Hal Thornburgh ....., Registered Apprentice No.....  
working under my personal supervision.

**RECEIVED**

District Health Officer No. 5,

District File Number 240152

Date Filed 2340

Signed Hal Thornburgh .....

Licensed Embalmer No. 3408 .....

P. O. Address West Plains, 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.**