DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
NOV 25 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 35027

Registration District No. 1030 Primary Registration District No. 5206 Registrar's No.

1. PLACE OF DEATH:

(a) County Carter Co. Phillips

(b) City or town Eastwood (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

In this community 6 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Carter

(c) City or town Eastwood, (Rural) (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.

3. (a) PRINT FULL NAME Claude Worrel

3. (b) If veteran, name war Spanish American

3. (c) Social Security No. No.

4. Sex M.

5. Color or race W.

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Clara

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased Nov (Month) 14 (Day) 1883 (Year)

8. AGE: Years 57 Months 10 Days 23 If less than one day hr. min.

9. Birthplace Zendale (City, town, or county) Kan. (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farmer

FATHER
12. Name Tom Worrel
13. Birthplace (City, town, or county) Kan. (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Clara Worrel

(b) Address Eastwood

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/9/40 (Month) (Day) (Year)

(c) Place: burial or cremation East Wood, Cem.

18. (a) Signature of funeral director Cray - Leuckel

(b) Address Van Buren

19. (a) 11-9-40 (Date received local registrar) (b) Gladys H. Dorrier (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 7 year 1940 hour minute 7 30 A.M.

21. I hereby certify that I attended the deceased from 1-15-40, 19 to 10-7-, 1940 that I last saw him alive on 8-30, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Septicemia	10 day
Due to Necrosis of face	4 mo.
Due to Cancer of face N. M. W.	3 yrs
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Wm. H. Burton (M. D. or other)

Address Van Buren, Mo Date signed 10-8-40

(Licensed Embalmer's Statement on Reverse Side)

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

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.

Rev. 5-17-39 I X19811

RECEIVED
District Health Officer No. 5,
District File Number 11401120
Date Filed

DEC 13 1949

MAY 28

30 1953

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 J. Allen Davis Jr

Licensed Embalmer No. 4053

P. O. Address Van Buren

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.