

FILED MAY 26 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

15588

State File No. _____

Registration District No. 712Primary Registration District No. 5941Registrar's No. 18

1. PLACE OF DEATH:

- (a) County Pulaski
(b) City or town Rural Liberty Twp.
(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 Life years, months or days

3. (a) PRINT FULL NAME

Mary Jo Worthy

3. (b) If veteran,
-
- name war _____

3. (c) Social Security
-
- No. _____

4. Sex girl 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 March 9, 1941
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 0 0 1 hr. 0 min.

9. Birthplace Liberty Twp. Pulaski Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation
- Infant

11. Industry or business _____

12. Name
- Sherman Worthy

13. Birthplace
- Blue Eye, Mo.
-
- (City, town, or county) (State or foreign country)

14. Maiden name
- Clara Nellie Hornum

15. Birthplace
- Landen Co. Mo.
-
- (City, town, or county) (State or foreign country)

16. (a) Informant
- Sherman Worthy

- (b) Address
- Richland, Mo.

17. (a)
- Burial
- (b) Date thereof
- March 10, 1941
-
- (Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: burial or cremation
- Int. Union Cemetery

18. (a) Signature of funeral director
- none
- 640

- (b) Address _____

19. (a)
- March 9, 1941
- (b)
- Owett A. Oliver
-
- (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Pulaski

- (c) City or town Rural Liberty Twp.
(If outside city or town limits, write "RURAL")

- (d) Street No. _____ (If rural, give location) 0

- (e) If foreign born, how long in U. S. A?
- 0
- years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 9
year 1941 hour 3 minute 0 P.M.

21. I hereby certify that I attended the deceased from March 9
1941 to March 9, 1941;

- that I last saw her alive on March 9, 1941;

- and that death occurred on the date and hour stated above.

- Immediate cause of death Placenta Previa

- Duration 1 hour

- Due to unknown

- Due to 154

- Other conditions _____

- (Include pregnancy within 3 months of death)

- Major findings: _____

- Of operations _____

- Of autopsy no

- 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
- Owett A. Oliver
- (M. D. certifies)
- 1

- Address Richland, Mo. Date signed 9/9/41

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 5,

District File Number 5411629

Date Filed _____

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, fact should be so stated above.