

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

12306

State File No. _____

FILED APR 15 1942
Registration District No. 875

Primary Registration District No. 6162

Registrar's No. 5

1. PLACE OF DEATH:

(a) County Vernon

(b) City or town Rural - Washington Twp
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St Hosp # 3 A
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 yr 6 mo 6 da
(Specify whether years, months or days)

In this community 1-6-4

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Cass

(c) City or town Pleasant Hill
(If outside city or town limits, write "RURAL")

(d) Street No. 1
(If rural, give location)

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

3. (a) PRINT FULL NAME Dora Worline

(b) If veteran, name war _____ (c) Social Security No. None

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced, Widow

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

7. Birth date of deceased Aug 26 1867
(Month) (Day) (Year)

8. AGE: Years 74 Months 6 Days 18 If less than one day hr. _____ min. _____

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

10. Usual occupation Wif

11. Industry or business _____

MOTHER FATHER { 12. Name W^m Wallace Proter

13. Birthplace Ky
(City, town, or county) (State or foreign country)

14. Maiden name Russa Dudley

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

18. (a) Informant Hosp record

(b) Address _____

17. (a) Rural (b) Date thereof 3-14-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Hill, Mo

18. (a) Signature of funeral director R L Nafziger

(b) Address Pleasant Hill

19. (a) March 14 1942 (b) Santry Stenger
(Date received local registrar) (Registrar's Name)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 14 year 1942 hour 3 minute 20 P.M.

21. I hereby certify that I attended the deceased from Oct 8, 1940 to Mar 3, 1942; that I last saw her alive on Mar 14, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocardial insufficiency

Due to _____

Due to _____

Other conditions Senile Psychosis
(Include pregnancy within 3 months of death)

Major findings: Of operations 93e 2

Of autopsy _____

Duration _____

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 F L Martin (M. D. or other) _____

Address St Hosp # 3 Date signed 3/14/42

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

88
6
0

RECEIVED

District Health Officer No. 71

District File Number..... 4-42-430

Date Filed 4-14-42

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. 3938

P. O. Address Pleasant Hill

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.