V. S. No. 2.
DM—9-4-41
ev. 5-17-39
I X29484

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

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

14661

State File No.

Registration District No. FILED MAY 14 19[illegible]

Primary Registration District No. 2002

Registrar's No.

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Joplin Cartag
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Freeman Hosp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 3 years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 41

(c) City or town Joplin 2
(If outside city or town limits, write "RURAL")

(d) Street No. 2401 Willard Ave; Joplin Mo; 5
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country No

3. (a) PRINT FULL NAME Orval A. Woerlen.

3. (b) If veteran, name war No

3. (c) Social Security No. 496-03-0187

4. Sex Male 0

5. Color or race white

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

6. (b) Name of husband or wife Florence Woerlen

6. (c) Age of husband or wife if alive 23 years

7. Birth date of deceased Feb. 2, 1919 (Month) (Day) (Year)

8. AGE: Years 23 Months 2 Days 2 If less than one day hr. min.

9. Birthplace Johnson Nebraska; (City, town, or county) (State or foreign country)

10. Usual occupation dock man Corp

11. Industry or business tri-State Motor Transport

FATHER
12. Name Fred Woerlen
13. Birthplace Johnson Nebraska (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Minnie Volker
15. Birthplace Johnson Nebraska; (City, town, or county) (State or foreign country)

16. (a) Informant Florence Woerlen.
(b) Address 2401 Willard, Joplin Mo;

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-6-42 (Month) (Day) (Year)
(c) Place: burial or cremation Luthern Cem. Sarcoxie

18. (a) Signature of funeral director Hurlbut Und. Co;
(b) Address Joplin Mo;

19. (a) 4-6-42 (Date received local registrar) (b) Gertrude Sudhalter (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April 4 day 1919.
year hour 5-15 A.M. minute M.

21. I hereby certify that I attended the deceased from
, 19 , to , 19
that I last saw Did not see him alive on , 19
and that death occurred on the date and hour stated above.

Immediate cause of death Fracture of spine shock and concussion

Due to Motor Cycle accident while riding for pleasure

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

170 d-8
2 2

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) accident 122
(b) Date of occurrence Apr. 3, 1942
(c) Where did injury occur? Newton Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? on public highway
(Specify type of place)
While at work (e) Means of injury Motor Cycle Corner

23. Signature [illegible] (M. D. or other)
Address Carthage Mo Date signed Apr 4 42

1204

(Licensed Embalmer's Statement on Reverse Side)

42-4-393

JAN 13 1950

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 Perry K. Hulbert

Licensed Embalmer No. 959

P. O. Address Joplin 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, fact should be so stated above.