

FILED AUG 14 1942  
318

Registration District No. ....

Primary Registration District No. 2001

Registrar's No. 543

1. PLACE OF DEATH:

(a) County. GREENE  
(b) City or town. SPRINGFIELD  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
1930 RAMSEY AVE. 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. ....  
(Specify whether  
In this community. ....  
years, months or days)

3. (a) PRINT FULL NAME. BERTHA E. RORK.

3. (b) If veteran, name war. NONE  
3. (c) Social Security No. NO

4. Sex. FEMALE  
5. Color or race. WHITE  
6. (a) Single, widowed, married, divorced. MARRIED

6. (b) Name of husband or wife. Wm K. RORK  
6. (c) Age of husband or wife if alive. 62 years

7. Birth date of deceased. June 16 1882  
(Month) (Day) (Year)

8. AGE: Years 1 60 Months 4 Days . hr. . min.  
If less than one day

9. Birthplace. Le Roy Kansas  
(City, town, or county) (State or foreign country)

10. Usual occupation. Housewife  
In home

11. Industry or business. In home

12. Name. Beverly Norton  
13. Birthplace. Unknown Ill  
(City, town, or county) (State or foreign country)

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

16. (a) Informant. Mrs. K. Rork  
(b) Address. Springfield, Mo.

17. (a) Burial, cremation, or removal. Burial  
(b) Date thereof. July 22 1942  
(Month) (Day) (Year)

(c) Place: burial or cremation. Hazelwood Cemetery  
St. Klugner & Co.

18. (a) Signature of funeral director. Springfield, Mo.  
(b) Address. Springfield, Mo.

19. (a) 7-21-42. (b) S. W. Handley  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Mo. (b) County. Greene 39  
(c) City or town. Springfield 26  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1930 Ramsey Ave.  
(If rural, give location)  
(e) Citizen of foreign country? no. (Yes or No)  
If yes, name country. 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 20  
year 1942 hour 1 minute 00 A.M.

21. I hereby certify that I attended the deceased from July 20 1942 to July 20 1942  
that I last saw him alive on July 20 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death. Coronary artery occlusion  
Duration 2 hrs

Due to. Arterio-sclerosis  
Due to. Ch. hypertrophic  
Other conditions. (Include pregnancy within 3 months of death)  
Warts  
Major findings: Of operations. 940  
Of autopsy. 940

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?

23. Signature. Arthur H. Knight M.D.  
Address 450 1/2 E. Coul Date signed 7-20-42  
While at work? (Specify type of place) (g) Means of injury.

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

9  
2  
6

984

**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 *Roy A. Laurie*  
Licensed Embalmer No. *1763*  
P. O. Address *Springfield 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.**

X