

S. No. 2
M. 9-4-41
5-17-39
X29484

35007

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED NOV 10 1942

Registration District No. 302

Primary Registration District No. 4488

Registrar's No.

100
00
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Scott

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

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 41 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Scott

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

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

(e) Citizen of foreign country? (Yes or No)
If yes, name country. 0

3. (a) PRINT FULL NAME George N. Worhey

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 29 year 1942 hour minute M.

21. I hereby certify that I attended the deceased from 19..... to 19.....; that I last saw him alive on 19..... and that death occurred on the date and hour stated above.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Sabbie Worhey

6. (c) Age of husband or wife if alive about 72 years

7. Birth date of deceased Feb 17 1864
(Month) (Day) (Year)

Immediate cause of death Chronic Myocarditis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 938

Major findings: Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

8. AGE:

Years	Months	Days	If less than one day
<u>78</u>	<u>9</u>	<u>12</u> hr. min.

9. Birthplace Elvivo Johnson Co Ill (City, town, or county) (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business

MOTHER FATHER

12. Name Isaac Worhey

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

14. Maiden name Martha Mozhey

15. Birthplace Johnson Co Ill (City, town, or county) (State or foreign country)

16. (a) Informant John Wesley

(b) Address St Louis Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 31 1942 (Month) (Day) (Year)

(c) Place: burial or cremation New Morhey Cem Morhey

18. (a) Signature of funeral director Bisplinghoff & Oubbens

(b) Address Chaffee no

19. (a) OCT-31-42 (Date received local registrar) (b) Mrs. Wm Hoater (Registrar's signature)

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 3

23. Signature Clayton R. Barman (M.D. or other) 3

Address Oran Mo Date signed 10/29/42

107 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Office No. 2,

District File Number 11-42-1389

Date Filed 11-4-42

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 Mamie Beplerhoff

Licensed Embalmer No. 3242

P. O. Address Chippewa 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.