

S. No. 2
4-5-42
5-17-39
X32873

FILED FEB 10 1943

Registration District No. 122

Primary Registration District No. 4201

Registrar's No.

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Republic
(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 About 33 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Greene
(c) City or town Republic
(If outside city or town limits, write "RURAL.")
(d) Street No. (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 Jan day 18
year 1943 hour 6 minute P.M.

21. I hereby certify that I attended the deceased from January 12, 1943 to January 13, 1943; that I last saw her alive on January 12, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Duration

1 yr.

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 930

PHYSICIAN

Major findings: Of operations

Of autopsy

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 E. M. LeCompte (M. D. or other) MD
Address Republic Mo Date signed 1/17-43

3. (a) PRINT FULL NAME Eva (Malone) Worthington

3. (b) If veteran, name war

3. (c) Social Security No. 1495069

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife E. Worthington 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased August 14, 1874
(Month) (Day) (Year)

8. AGE: Years 69 Months 4 Days 15 If less than one day hr. min.

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

10. Usual occupation Housekeeping

11. Industry or business

12. Name Malone

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

14. Maiden name Polly Hendricks

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

16. (a) Informant E. Worthington

(b) Address Republic, Mo

17. (a) Burial (b) Date thereof Jan 18 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wade Chapel

18. (a) Signature of funeral director R. E. Sherman

(b) Address Republic Mo

19. (a) Jan-18-1943 (b) Glorance Britan
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

1254

RECEIVED

Greene County Health Office,

County File Number 43-2-14

Date Recd 2/6/43

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 R. G. Kummer

Licensed Embalmer No. 1500

P. O. Address Republic 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.