

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUSSTATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35554

State File No. ....

NOV 15 1943  
Registration District No. 5986

Primary Registration District No. 5986

Registrar's No. 1221

## 1. PLACE OF DEATH:

- (a) County Pulaski  
(b) City or town Rural (Tavern T. S.)  
(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. .... (Specify whether)  
In this community Dont Known  
years, months or days

3. (a) PRINT FULL NAME EDWARD EUGENE WORTHY

3. (b) If veteran, name war ..... 3. (c) Social Security No. ....

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

6. (b) Name of husband or wife GEORGIA TABERS 6. (c) Age of husband or wife if alive 30 years

7. Birth date of deceased MAR 21 1906  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
37 7 2 hr. min.

9. Birthplace ELDREDGE MO. U  
(City, town, or county) (State or foreign country)

10. Usual occupation COMMON LABOR

11. Industry or business

12. Name OLIVER WORTHY

13. Birthplace ELDREDGE MO. U  
(City, town, or county) (State or foreign country)

14. Maiden name ANNA KNIGHT

15. Birthplace ELDREDGE MO. U  
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Warren Kippinger

- (b) Address LEBANON MO

17. (a) REMOVAL (b) Date thereof 10 23 43  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: burial or cremation LEBANON MO

18. (a) Signature of funeral director PALMER'S

- (b) Address LEBANON MO

19. (a) 11-8-1943 (b) John M. Ood  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

- (a) State MO (b) County LACLEDE  
(c) City or town RURAL  
(If outside city or town limits, write "RURAL")  
(d) Street No. R. 2. LEBANON  
(If rural, give location)  
(e) Citizen of foreign country? MO (Yes or No)  
If yes, name country. 1

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 23  
year 1943 hour about 7 minute 2 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.

Immediate cause of death

1. Shock 2. HemorrhageDue to 1. Squeeze of both legsright leg crushedDue to accident onby train

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

169-6

30

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) Accident 085

- (b) Date of occurrence Oct 23, 1943

- (c) Where did injury occur? July Pulaski MO  
(City or town) (County) (State)

- (d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Public

While at work? no (Specify type of place)(e) Means of injury Train

23. Signature C. Mallye

Address Crocker MO Date signed 10-26-43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

1170

(Licensed Embalmer's Statement on Reverse Side)

**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 Paul B. Hooper

Licensed Embalmer No. 3261

P. O. Address Groehn, 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.**