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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 14 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 3808

Registration District No. 2 3 3

Primary Registration District No. 4384

Registrar's No.

1. PLACE OF DEATH:

(a) County Nodaway

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

(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nodaway 74

(c) City or town Skidmore 0
(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 Joseph Whitten Worl

3. (b) If veteran, name war No.

3. (c) Social Security No. None

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife Stella Hoagland Worl

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased Feb. (Month) 9 (Day) 1876 (Year)

8. AGE: Years 67 Months 11 Days 22 If less than one day hr. min.

9. Birthplace Atchison Co (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Edwin D. Worl
13. Birthplace Atchison Co (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Sarah Tuck
15. Birthplace Platte Co (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs. Stella Worl
(b) Address Skidmore Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb-3-44 (Month) (Day) (Year)
(c) Place: burial or cremation Burr Oak

18. (a) Signature of funeral director Campbell Funeral Home
(b) Address 951 South Main Maryville Mo

19. (a) Feb. 3-1944 (Date received local registrar) (b) Mrs Ralph Scott (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 1
year 1944 hour 12 Noon minute M.

21. I hereby certify that I attended the deceased from 3-20-1943, to 2-1-1944;
that I last saw him alive on 2-1-1944;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma (Prostate + Bladder)	?
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

51 P

Major findings:
Of operations
Of autopsy

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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature H G Buxton (M. D. or other) DO
Address Skidmore, Mo Date signed 2-3-44

(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 W. Dean Campbell

Licensed Embalmer No. 2620

P. O. Address Maryville 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.