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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 20 1944

MISSOURI STATE BOARD OF HEALTH
# STANDARD CERTIFICATE OF DEATH

State File No. 10880

Registration District No. 101 Primary Registration District No. 5396 Registrar's No. 21

**1. PLACE OF DEATH:**
(a) County Douglas
(b) City or town Dora Rural Brushcreek Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community .....

**2. USUAL RESIDENCE OF DECEASED:**
(a) State Missouri (b) County Douglas 34
(c) City or town Dora Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. Brushcreek Twp 0
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country ..... ?

3. (a) PRINT FULL NAME John Workmeister
3. (b) If veteran, name war ✓
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced ✓ ?
6. (b) Name of husband or wife Unknown
6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased Unknown (Month) (Day) (Year)
8. AGE: Years Unknown Months Days If less than one day ..... hr. ..... min.
9. Birthplace Unknown (City, town, or county) ✓ ? (State or foreign country)
10. Usual occupation Farmer
11. Industry or business .....
FATHER 12. Name Unknown
FATHER 13. Birthplace ✓ (City, town, or county) ✓ ? (State or foreign country)
MOTHER 14. Maiden name Unknown
MOTHER 15. Birthplace ✓ (City, town, or county) ✓ ? (State or foreign country)
16. (a) Informant Edd Gentry
(b) Address Richville, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-17-44 (Month) (Day) (Year)
(c) Place: burial or cremation Ava
18. (a) Signature of funeral director Clinkingbeard Funeral Home
(b) Address Ava, Missouri
19. (a) 3-1-1944 (Date received local registrar) (b) Mrs J. R. Spurlock Deputy (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Feb. day Unknown year 1944 hour ✓ minute ✓ M.
21. I hereby certify that I attended the deceased from ✓ ✓ 19..., to ..... 19...; that I last saw h..... alive on ✓ 19...; and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death was found dead in bed no one was present at time of | |
| Due to death supposed to died of natural causes | 1 ✓ |
| Due to ..... | |
| Other conditions (Include pregnancy within 3 months of death) ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED | |
| Major findings: Of operations ..... | |
| Of autopsy more bad | |

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 J. L. Gentry (M. D. or other)
Address Ava Mo Date signed 2-28-44

105 6

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 344-381
Date Filed MAR 16 1944

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**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. B. Hutchison

Licensed Embalmer No. 3431

P. O. Address Ava 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.**