No. 2
M—5-43
5-17-39
1 X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

42001

State File No.

FILED DEC 16 1944

Registration District No. 2

Primary Registration District No. 3056

Registrar's No. 234

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

8
6
3

1. PLACE OF DEATH:

(a) County Randolph

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

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

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

2. USUAL RESIDENCE OF DECEASED: Nodaway 74

(a) State Missouri (b) County ~~Randolph~~

(c) City or town Burlington Junction
(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 1

3. (a) PRINT FULL NAME John Cain Vorhees

3. (b) If veteran, name war ✓

3. (c) Social Security No. 203-01-2282

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Status unknown

6. (b) Name of husband or wife

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

7. Birth date of deceased Sept (Month) 3rd (Day) 1882 (Year)

8. AGE:

Years	Months	Days	If less than one day
62	2	15	hr. min.

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

10. Usual occupation Water Service Dept

11. Industry or business Wabash R R

FATHER
12. Name John Vorhees
13. Birthplace (City, town, or county) NY (State or foreign country)

MOTHER
14. Maiden name Sarah Jane Thomas
15. Birthplace (City, town, or county) Ind (State or foreign country)

16. (a) Informant Mrs Larry Doyle
(b) Address Moberly

17. (a) Renoval (Burial, cremation, or removal) (b) Date thereof Nov (Month) 19th (Day) 1944 (Year)
(c) Place: burial or cremation Gallatin Mo

18. (a) Signature of funeral director Mahan and Son
(b) Address Moberly Mo

19. (a) 11-19-44 (Date received local registrar) (b) Irma Nave (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 18th year 1944 hour 5 minute 21 A.M.

21. I hereby certify that I attended the deceased from October 16, 1944 to November 18, 1944 that I last saw him alive on November 18, 1944; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocarditis	
Due to	
Due to chronic Rheumatism	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 93	
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 Eric Handler (M.D. or other)
Address Wabash Hospital Moberly Date signed 11-19-44

(Licensed Embalmer's Statement on Reverse Side)

DEC 27 1944

RECEIVED
District Health Officer No. 10
District File Number 12-44-2008
Date Filed DEC 14 1944

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 Frank D. Witt

Licensed Embalmer No. 3021

P. O. Address Moberly

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.