. S. No. 2
0M—5-43
ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 22 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8919

Registration District No. 13 Primary Registration District No. 5055 Registrar's No. 20

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

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Barry 5
(c) City or town Purdy (Rural) 0 (If outside city or town limits, write "RURAL")
(d) Street No. about 3 mi. nw. of Purdy (If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Ellis Wormington
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Goldie Wormington
6. (c) Age of husband or wife if alive 54 years
7. Birth date of deceased December 15, 1885 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	59	2	13	hr. min.

9. Birthplace Barry Co. (City, town, or county) Missouri (State or foreign country)
10. Usual occupation farming
11. Industry or business
FATHER
12. Name J. R. Wormington
13. Birthplace Lawrence Co. (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name Josephine Means
15. Birthplace Lawrence Co. (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Mrs. Ellis Wormington
(b) Address Purdy, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 2, 1945 (Month) (Day) (Year)
(c) Place: burial or cremation New Site Cem.
18. (a) Signature of funeral director Blankenships
(b) Address Monett - Purdy Mo.
19. (a) Mar 2 1945 (Date received local registrar) (b) Audna Willoughby (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 28 year 1945 hour 4 minute 15 A.M.
21. I hereby certify that I attended the deceased from Feb 25 1945, 19__, to Feb 28, 1945; that I last saw h__ alive on __, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death A Cute Myo Carditis — Duration 7 days
Due to
Due to 93a
Other conditions (Include pregnancy within 3 months of death)
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 2
23. Signature J. D. Bald Wm (M. D. or other)
Address Purdy Mo Date signed 3-2-45

1 & 20

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 345-332
Date Filed MAR 19 1945

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 L. H. Blankenship

Licensed Embalmer No. 2397

P. O. Address Monett, 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.