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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9370

FILED APR 10 1945

Registration District No. ____ Primary Registration District No. 5208 Registrar's No. 6

7600

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

1. PLACE OF DEATH:

(a) County Carroll Co. Mo

(b) City or town Hale – Rural – Hurricane? (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 years, months or days) In this community ____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Carroll 17

(c) City or town Rural (If outside city or town limits, write "RURAL")

(d) Street No. R. R. 1 Hale, Mo. (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country ____

3. (a) PRINT FULL NAME John L. Worth

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 Widowed 2

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

7. Birth date of deceased Mar (Month) 22 (Day) 1857 (Year)

8. AGE: Years 87 Months 10 Days 10 If less than one day ____ hr. ____ min.

9. Birthplace Mo. (City, town, or county) 0 (State or foreign country)

10. Usual occupation Ret Business Man

11. Industry or business ____

MOTHER FATHER

12. Name Andrew Worth

13. Birthplace Ohio (City, town, or county) 1 (State or foreign country)

14. Maiden name Lloyd

15. Birthplace Va (City, town, or county) 1 (State or foreign country)

16. (a) Informant Louis Worth

(b) Address Hale Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 12-45 (Month) (Day) (Year)

(c) Place: burial or cremation Mt Zion

18. (c) Signature of funeral director Ed Anderson

(b) Address Bagnell Mo

19. (a) 3-15-45 (Date received local registrar) (b) Mrs Edgar Smith (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Mar day 10 year 45 hour 6 minute P. M.

21. I hereby certify that I attended the deceased from Jan 1, 1945, to Mar 10, 1945 that I last saw him alive on Mar 1, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Mitral Insufficiency	5 yrs
Due to: Old age – just worn out	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy: No	

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

(c) 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 P. Hamilton Staton (M. D. or other) Md

Address Carrollton Mo Date signed Mar 11/45

1068

(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.....

Licensed Embalmer No.....

P. O. Address.....

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.