V. S. No. 2
00M—5-43
Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30248

FILED SEP 26 1945

Registration District No. 46 Primary Registration District No. 4063 Registrar's No. 54

1. PLACE OF DEATH:
(a) County Caldwell
(b) City or town Hamilton Mo
(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
In this community 6 weeks
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Clark 23
(c) City or town Revere 0
(If outside city or town limits, write "RURAL")
(d) Street No. ✓ 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME Richard Henry Worrell.
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
6. (b) Name of husband or wife Rosa Townsend Worrell
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Aug (Month) 2 (Day) 1860 (Year)

8. AGE: Years 84 Months 11 Days 20 If less than one day hr. min.

9. Birthplace Chambersburg, Clark Co. Mo. 1
(City, town, or county) (State or foreign country)
10. Usual occupation Farming
11. Industry or business
FATHER
12. Name Wm Worrell
13. Birthplace Mo 0
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Not Known
15. Birthplace Not Known 9
(City, town, or county) (State or foreign country)
16. (a) Informant Mrs J. B. Branson
(b) Address Hamilton Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 24 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Hamilton Mo.
18. (a) Signature of funeral director Bram Funeral Home
(b) Address Hamilton, Mo.
19. (a) Aug 4-1945 (Date received local registrar) (b) Corrienne Tanett Deputy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 22
year 1945 hour 6 minute 30 P. M.
21. I hereby certify that I attended the deceased from July 2, 1945 to July 22, 1945
that I last saw him alive on July 22, 1945
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Embolism	20 days
Due to Sclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 99	
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. G. Bousum (M. D. or other) D.O.
Address Hamilton, MO Date signed July 24, 45

(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 [signature]

Licensed Embalmer No. 3052

P. O. Address Hamilton 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.