

DEPARTMENT OF COMMERCE THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF THE CENSUS STANDARD CERTIFICATE OF DEATH

State File No. 40670

FILED JAN 8 1946
Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 1339

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

1. PLACE OF DEATH
(a) County Bergham
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2213 - Union St - 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 week
(Specify whether in this community all of life 1 week years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Andrew Co.
(c) City or town Rea, Mo. RR.
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) 1
(e) Citizen of foreign country? NO. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME William Worthington
(b) If veteran, name war NO
(c) Social Security No. NO
4. Sex Male 5. Color or race cu
6. (a) Single, widowed, married, divorced widow
6. (c) Name of husband or wife Sarah 6. (e) Age of husband or wife if alive 31 years
7. Birth date of deceased Oct. 31 1857
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 12 - day 18 - year 1945 hour 9:30 minute 0 P. M.
21. I hereby certify that I attended the deceased from Dec 4, 1945 to Dec 18, 1945
that I last saw him alive on Dec 17, 1945
and that death occurred on the date and hour stated above.
Immediate cause of death Chronic myocarditis *Duration* math

8. AGE: Years 88 Months 17 Days 17 If less than one day _____ hr. _____ min.
9. Birthplace Bledso Co. Tenn.
(City, town, or county) (State or foreign country)
10. Usual occupation Farmer
11. Industry or business Same
12. Name Jerse Worthington
13. Birthplace Tenn.
(City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace unknown
(City, town, or county) (State or foreign country)
16. (a) Informant Loyal W. Worthington
(b) Address Rea, Mo. RR.
17. (a) Removal (b) Date thereof 12-18-1945
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation White Wellmo
18. (a) Signature of funeral director R. S. Sargent
(b) Address King City, Mo.
19. (a) Dec 19 1945 (b) A. J. Ketchum
(Date received local registrar) (Registrar's signature)

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) 930
Major findings: Of operations _____
Of autopsy no autopsy
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 St. Meloney (M. D. or other) M.D.
Address 214 W. Park St. St. Joseph, Mo. Date signed 12/19/45

MAY 15 1947

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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

R. G. Taggart

Licensed Embalmer No. *2563*

P. O. Address *Kingdley 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.