S. No. 2
M—2-43
5-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

FILED FEB 7 1946 STANDARD CERTIFICATE OF DEATH

State File No. 1898 / 365

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:
3308 Flora /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 8 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson 48

(c) City or town Kansas City 2
(If outside city or town limits, write "RURAL")

(d) Street No. 3308 Flora /
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Vernon Andy Worts

3. (b) If veteran, name war No

3. (c) Social Security No. 480-16-1789

4. Sex Male 0

5. Color or race Wh

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mrs Winnie Worts

6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased Dec 5th 1889 (Month) (Day) (Year)

8. AGE: Years 56 Months 1 Days 4 If less than one day ..... hr. ..... min.

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

10. Usual occupation Salesman

11. Industry or business

FATHER
12. Name Russell Worts
13. Birthplace Virginia (City, town, or county) / (State or foreign country)

MOTHER
14. Maiden name Laura Phillips
15. Birthplace Virginia (City, town, or county) / (State or foreign country)

16. (a) Informant Mrs Winnie Worts
(b) Address 3308 Flora

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 11 46 (Month) (Day) (Year)
(c) Place: burial or cremation Pilot Grove Mo.

18. (a) Signature of funeral director [signature]
(b) Address 7406 Wornall Rd.

19. (a) 1-23-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 9
year 1946 hour 3 minute 15P M.

21. I hereby certify that I attended the deceased from 1-8-46, 19..., to 1-9-46, 19...; that I last saw him alive on 1-9-46, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Acute coronary thrombosis

Due to Arteriosclerotic heart disease

Due to

Other conditions Obesity
(Include pregnancy within 3 months of death)

Major findings:
Of operations 93

Of autopsy

Duration: 4 hours

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 0

23. Signature [signature] (M. D. or other)

Address 900 Grand R C Mo Date signed 1-10-46

(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. 2810

P. O. Address T. C. Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.