

No. 2
-8-43
5-17-39
X37823

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

2427

Registration District No. 60 Primary Registration District No. 41106 State File No. _____ Registrar's No. 9

1. PLACE OF DEATH:
(a) County Cedar
(b) City or town Jerico Springs, Mo.
(c) Name of hospital or institution: XXXX
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution XXX (Specify whether
In this community All Life years, months or days)

3. (a) PRINT FULL NAME Henry William Wortman
3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex M 5. Color or race W. 6. (a) Single, widowed, married, divorced M.
6. (b) Name of husband or wife Anna Wortman 6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased Dec 2 1878
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 X 22 X hr. X min.

9. Birthplace East St. Louis, Ill
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business _____
12. Name Fredrick Wortman
13. Birthplace XXXX Illiana
(City, town, or county) (State or foreign country)
14. Maiden name Wortman
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Anna Wortman
(b) Address Jerico Springs, Missouri

17. (a) B. (b) Date thereof 12/26/1945
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Cedarville

18. (a) Signature of funeral director CHURCH AND NEALE
(b) Address Stockton, Missouri

19. (a) 1-10-46 (b) Maide M. Ellis
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cedar 20
(c) City or town Jerico Springs, Missouri 0
(If outside city or town limits, write "RURAL")
(d) Street No. XXX (If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country XXX

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 24
year 1945 hour 3 am minute M.
21. I hereby certify that I attended the deceased from 12-1-45
to 12-24-45, 1945,
that I last saw h. alive on 12-24, 1945;
and that death occurred on the date and hour stated above.

Immediate cause of death Ascending Paralysis of Cervical Spine
Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy 42

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? _____

While at work? _____ (Specify type of place) (c) Means of injury _____
23. Signature J.P. Barusch (M. D. or other) 12-25-45
Address Jerico Springs Date signed _____

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

100997

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FORM NO. 74
1-46-129
Date Filed 2-13-46

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 Melvin Church
Licensed Embalmer No. 3272
P. O. Address Stockton 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.