

FILED JUL 29 1946

Registration District No.

386

Primary Registration District No.

4082

Registrar's No.

7

1. PLACE OF DEATH:

(a) County Carroll
 (b) City or town Bogard, 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 all his life (Specify whether years, months or days)

3. (a) PRINT FULL NAME Sherman E. L. bridge 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 single
 6. (b) Name of husband or wife ✓ 6. (c) Age of husband or wife if alive 5 years (Month) (Day) (Year) March 5 1868

8. AGE: Years 78 Months 4 Days 4 If less than one day 0 hr. 0 min.

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

10. Usual occupation Painter

11. Industry or business ✓

12. Name Andrew Worth 13. Birthplace Font Knov (City, town, or county) (State or foreign country)
 14. Maiden name Gloyd 15. Birthplace Ohio (City, town, or county) (State or foreign country)

16. (a) Informant Mr. Jim Sugg (b) Address Bogard, Mo.

17. (a) Burial (b) Date thereof 7-11-46 (Month) (Day) (Year)

(c) Place: burial or cremation Ebenezer Mt Zion

18. (a) Signature of funeral director E. A. Dunsen

(b) Address Bogard, Mo.

19. (a) 7-11-1946 (b) Eunice Street (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Carroll
 (c) City or town Bogard, Mo. (If outside city or town limits, write "RURAL")
 (d) Street No. ✓ (If rural, give location)
 (e) Citizen of foreign country? ✓ (Yes or No)
 If yes, name country ALL his life

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 9 year 1946 hour 7:30 minute P.M.

21. I hereby certify that I attended the deceased from Feb 1, 1946 to July 9, 1946.
 that I last saw him alive on July 6, 1946.
 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary tuberculosis Duration ✓

Due to ✓

Due to ✓

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations ✓

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?

While at work? ✓ (Specify type of place) (Cause of injury)

23. Signature John H. Lay (M. D. or other) ✓
 Address Carrollton, Mo. Date signed 7/11

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

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 7-27-46

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.....

E. A. D. Carson

Licensed Embalmer No. 2534

P. O. Address Bogard, 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.