

FILED AUG 9 1946 STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 374

Primary Registration District No. 6276

Registrar's No. 31

1. PLACE OF DEATH:

(a) County Worth
(b) City or town Worth (Union)
(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 8 yrs. years, months or days)

3. (a) PRINT FULL NAME EFFIE AMBERZILLA FREDERICK

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 Married
6. (b) Name of husband or wife Walter Frederick 6. (c) Age of husband or wife if alive 6 years
7. Birth date of deceased Feb 1880 (Month) (Day) (Year)

8. AGE: Years 66 Months 4 Days 21 If less than one day hr. min.

9. Birthplace Worth Co. Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Thompson Ridge
13. Birthplace Worth Co. Mo. (City, town, or county) (State or foreign country)
14. Maiden name Missouri Katherine Day
15. Birthplace Worth Co. Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Chifford Frederick
(b) Address Worth, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-29-46 (Month) (Day) (Year)

(c) Place: burial or cremation First Chapel Cemetery

18. (a) Signature of funeral director Arch C. Duffer
(b) Address Worth City, Mo.

19. (a) July 22-46 (b) Letta C. Dawson (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Worth
(c) City or town Worth (If outside city or town limits, write "RURAL")
(d) Street No. Sheridan, Mo. (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 27 year 1946 hour 8 minute 30 A.M.

21. I hereby certify that I attended the deceased from June 20 1946 to June 27 1946

that I last saw h. alive on and that death occurred on the date and hour stated above.

Immediate cause of death

Due to Myocarditis

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of 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?

While at work? (Specify type of place) (c) Means of injury

23. Signature Bentley Neal (M. D. or other) D.D.

Address Worth City, Mo. Date signed 7/4/46

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

DISTRICT HEALTH OFFICE
Cameron, Mo.

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.....

P. O. Address.....

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.