

FILED **OCT 28 1946** **STANDARD CERTIFICATE OF DEATH**

State File No. **33892**

Registration District No. **157**

Primary Registration District No. **8028**

Registrar's No. **208**

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

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Carthage
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: McCune-Brooks Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 weeks
(Specify whether
In this community
years, months or days)

3. (a) PRINT FULL NAME JOHN WORMINGTON

3. (b) If veteran, name war None 3. (c) Social Security No. 500-05-2902

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Myrtle Smith Wormington 6. (c) Age of husband or wife if years

7. Birth date of deceased January 18, 1877
(Month) (Day) (Year)

8. AGE: Years 68 Months 8 Days 27 If less than one day hr. min.

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

10. Usual occupation Merchant

11. Industry or business

12. Name Lewis Wormington

13. Birthplace X Texas
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Oliver

15. Birthplace X Ky.
(City, town, or county) (State or foreign country)

16. (a) Informant Carl Wormington

(b) Address Kansas City, Missouri

17. (a) Burial (b) Date thereof 10-17-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Cemetery

18. (a) Signature of funeral director Elmer Funeral Home

(b) Address Carthage, Missouri

19. (a) 10-16-46 (b) J. S. Clenton
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Carthage
(If outside city or town limits, write "RURAL")
(d) Street No. 700 Gran St.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 15, year 1946 hour 12:55 minute A. M.

I hereby certify that I attended the deceased from Sept 23, 1946 to Oct 15, 1946
that I last saw him alive on Oct 14, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death

Uremia and myocarditis
Chronic parenchymatous nephritis
arteriosclerosis

Other conditions
(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

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) (e) Means of injury

Signature Lloyd B Clenton (M. D. or other) MD
Address Carthage, Mo Date signed 10/16/46

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 *Gene O. Tughr*

Licensed Embalmer No. 4231

P. O. Address Carthage, 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.