

FILED FEB 13 1947

Registration District No. 175

Primary Registration District No. 5649

Registrar's No. 8

1. PLACE OF DEATH:

(a) County Lawrence
(b) City or town Pierre City Rural
(c) Name of hospital or institution Home 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. (Specify whether)
In this community Lifetime
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence 55
(c) City or town Pierre City Rural
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Wm. Carl Friedrich Worm

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
6. (b) Name of husband or wife Emma Worm 6. (c) Age of husband or wife if alive years
7. Birth date of deceased 7 (Month) 13 (Day) 1870 (Year)

8. AGE: Years 76 Months 5 Days 26 If less than one day hr. min.

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

10. Usual occupation Retired Farmer

11. Industry or business Farming

12. Name William Worm

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

14. Maiden name WILHEMINA DREWS

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

16. (a) Informant Arthur Worm

(b) Address Monett, Mo. Rt. 1

17. (a) Burial (b) Date thereof 1 11 47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Freistatt Mo

18. (a) Signature of funeral director H.D. Smith

(b) Address M. Werner, Mo.

19. (a) Jan. 20-47 (b) Ora M. Nett
(Data received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 9
year 1947 hour 3 minute 30 A.M.

21. I hereby certify that I attended the deceased from December 1, 1946 to January 8, 1947
that I last saw him alive on January 8, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia

Due to Chronic Nephritis and Cardiac degeneration

Due to

Other conditions

Major findings: Of operations none 131B

Of autopsy none

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 Fred D. Angrove (M. D. or other) M.D.
Address Monett, Mo. Date signed 1-11-47

Duration 10 Days

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

55
6
0

RECEIVED

District Health Officer No. 6;

District File Number 247-209

Date Filed FEB 10 1947

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.....

..... By Me, Registered Apprentice No.....
working under my personal supervision.

Signed..... Max A. Fossett

Licensed Embalmer No..... 4252

P. O. Address..... M. Vernon, 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.