

No. 2
-5-43
-17-39
X36671

FILED JAN 29 1948

Registration District No. 338 Primary Registration District No. 6148 Registrar's No. _____

1. PLACE OF DEATH:

(a) County Stoddard

(b) City or town Rural Castor
(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 years, months or days) _____ (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stoddard / 03

(c) City or town Bloomfield, Rural 0
(If outside city or town limits, write "RURAL") 0

(d) Street No. _____ (If rural, give location) 0

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Charlie J. Worrell

3. (b) If veteran, name, war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 18
year 1948 hour 7 minute 30 p. M.

21. I hereby certify that I attended the deceased from Jan 10
1948 to Jan 17 1948
that I last saw him alive on Jan 17 1948
and that death occurred on the date and hour stated above.

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

6. (b) Name of husband or wife Katie Worrell 6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased June 27 1860
(Month) (Day) (Year)

Immediate cause of death _____ Duration _____
Pneumonia 10 days

8. AGE: Years Months Days If less than one day
87 6 21 _____ hr. _____ min.

Due to _____
Due to _____ 107
Other conditions Chronic arteriosclerosis?
(Include pregnancy within 3 months of death)

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

10. Usual occupation Farmer

PHYSICIAN _____
Major findings: Of operations None performed
Of autopsy None performed
Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name Jack Worrell 9

13. Birthplace Not Known 9
(City, town, or county) (State or foreign country)

14. Maiden name Not Known

15. Birthplace Not Known 9
(City, town, or county) (State or foreign country)

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? _____

16. (a) Informant Katherine Williams

(b) Address Dexter, Missouri

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1-20-48
(Month) (Day) (Year)

(c) Place: burial or cremation Stanton Tenn.

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

18. (a) Signature of funeral director Chiles Und. Co.

(b) Address Bloomfield, Mo.

19. (a) Jan. 23, 1948 (Date received local registrar) (b) Rose Wilbur (Registrar's signature) 255

23. Signature J. L. Jones (M. D. or other) MD
Address Bloomfield Mo Date signed Jan 19, 1948

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

RECEIVED

District Health Office No. 2,

District File Number 148-122

Date Filed 1-26-48

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.....

Ivan C. Cooper....., Registered Apprentice No.....
working under my personal supervision.

Signed Ivan C. Cooper.....

Licensed Embalmer No. 4119.....

P. O. Address Bloomfield, 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.