

No. 2
-1/47
-17-39

National Office of Vital Statistics
FILED APR 24 1948
Registration District No. 777

Primary Registration District No. 5562

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

17

00

1. PLACE OF DEATH:

(a) County Iron

(b) City or town Pilot Knob
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(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)

In this community 21 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Iron 47

(c) City or town Pilot Knob 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 George Franklin Wortham

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced, married

6. (b) Name of husband or wife Vergie Wortham 6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased December 26 1875
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

76 3 11 hr. _____ min.

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

10. Usual occupation retired

11. Industry or business _____

12. Name David Wortham

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

14. Maiden name Rhoda Frye

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

16. (a) Informant Mrs. Frank Wortham

(b) Address Pilot Knob Missouri

17. (a) burial (b) Date thereof 4-9-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pilot Knob Missouri

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

(b) Address White Ironton Missouri

19. (a) 4-19-48 (b) Mrs. J. J. Frye
(Date received local registrar) (Registrar's signature)

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

MOTHER FATHER

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 7
year 1948 hour 9 minute 30 P. M.

21. I hereby certify that I attended the deceased from 10-6-47, 19____, to 4-7-48, 19____;
that I last saw him alive on 4-6-48, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death acute bilateral bronchial pneumonia Duration 1 day

Due to acute dysentery 3 days

Due to _____

Other conditions Paralysis of legs from old fractured back. ?

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN
Underline the cause of 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? _____ (Specify type of place)

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

23. Signature J. P. E. Farland M.D. (M. D. or other)

Address Ironton, Mo. Date signed 4-10-48

RECEIVED

District Health Officer No. 4
District File Number 448-527
Date Filed 4-23-48

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 _____

Registered Apprentice No. _____
working under my personal supervision.

Signed Arnell J. White
Licensed Embalmer No. 3012
P. O. Address Director, Miss.

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.