No. 2
5-17-

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 27 1948

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31847
State File No.

Registration District No. 9-14
Primary Registration District No. 4547
Registrar's No. 29

1. PLACE OF DEATH:
(a) County Worth
(b) City or town Grant City
(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
In this community 7 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Worth 113
(c) City or town Grant City
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Hattie Worth

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female 1

5. Color or race white

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife William Worth

6. (c) Age of husband or wife if alive years

7. Birth date of deceased August (Month) 7 (Day) 1873 (Year)

8. AGE: Years 75 | Months 1 | Days 6 | If less than one day hr. min.

9. Birthplace Hardin (City, town, or county) Illinois (State or foreign country) 1

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER

12. Name William Flagge

13. Birthplace (City, town, or county) Germany (State or foreign country) 1

14. Maiden name Jane Wilson

15. Birthplace Hardin (City, town, or county) Illinois (State or foreign country) 1

16. (a) Informant Nellie Worth

(b) Address Grant City, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-15-1948 (Month) (Day) (Year)

(c) Place: burial or cremation Grant City, Mo.

18. (a) Signature of funeral director Jack C. Dunfee

(b) Address Grant City, Mo.

19. (a) September 15 1948 (Date received local registrar) (b) Peter E. Dawson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 13
year 1948 hour 11 minute 45 A.M.

21. I hereby certify that I attended the deceased from Sept 8, 19 48, to Sept 13, 19 48; that I last saw h alive on Sept 12, 19 48 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocardial failure	30 days
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

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

23. Signature [illegible] (Date or other)
Address Grant City Mo Date signed 9-14-48

1948

(Licensed Embalmer's Statement on Reverse Side)

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 Arch C. Dunfee

Licensed Embalmer No. 3252

P. O. Address Grant City 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.