

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

36
10. 48

BIRTH NO. _____ REG. DIST. NO. 113 PRIMARY REG. DIST. NO. 4185 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>FRANKLIN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>mo</u> b. COUNTY <u>Franklin</u>	
b. CITY (If outside corporate limits, write BURAL and give township) OR TOWN <u>TWSP #42, 1 EAST 1 WK</u>		c. CITY (If outside corporate limits, write BURAL and give township) OR TOWN <u>St. Clair, mo</u>	
c. LENGTH OF STAY (in this place)		3. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 27, 1949</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Clair, mo. R#11</u>		d. STREET ADDRESS (If rural, give location) _____	
3. NAME OF DECEASED (Type or Print) a. (First) <u>OLIVE</u> b. (Middle) <u>LOUISA</u> c. (Last) <u>HOBBS WORTH</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 27, 1949</u>	
5. SEX <u>Fem</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH (Month) (Day) (Year) <u>Dec 25, 1876</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>	9b. KIND OF BUSINESS OR INDUSTRY <u>own Home</u>	10. AGE (In years last birthday) <u>72</u>	11. BIRTHPLACE (State or foreign country) <u>Kansas</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>		13a. FATHER'S NAME <u>JONATHAN DUNCAN</u>	
13b. MOTHER'S MAIDEN NAME <u>Elza Jane Smith</u>		13c. NAME OF HUSBAND OR WIFE <u>ARA HOBBS WORTH</u>	
14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		15. SOCIAL SECURITY NO. _____	
16. INFORMANT'S SIGNATURE OR NAME <u>Gertrude Greshamers</u>		17. ADDRESS <u>St. Clair, mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>arterio sclerotic lardis vascular disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 yr</u>	
ANTECEDENT CAUSES (b) _____		DUE TO (c) _____	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.)	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? _____		22. I hereby certify that I attended the deceased from <u>Sept 1</u> , 1949, to <u>Jan 27</u> , 1949, that I last saw the deceased alive on <u>June 21</u> , 1949, and that death occurred at <u>10:25 am</u> , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>B. A. Strickman M.D.</u>		23b. ADDRESS <u>Union, Mo</u>	
23c. DATE SIGNED <u>1-29-49</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	
24b. DATE <u>1-31-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bethel</u>	
24d. LOCATION (City, town, or county) (State) <u>Franklin Co. mo</u>		DATE REC'D BY LOCAL REG. <u>2-1-1949</u>	
REGISTRAR'S SIGNATURE <u>E. L. Worthington</u>		FUNERAL DIRECTOR'S SIGNATURE <u>David Russell</u>	
ADDRESS _____		ADDRESS <u>St. Clair, mo</u>	

Put Paul E. M... (Embalmer's Statement on Reverse Side)

Date Filed FEB 10 1949
District File Number
Division Health Officer No. 9
RECEIVED

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 _____

working under my personal supervision. _____ Student Embalmer No. _____

Student
Student Embalmer

Signed *David Russell*

Licensed Embalmer No. *4520*

P. O. Address *St Clair*

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.