

FILED NOV 10 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

33968

State File No. 4588

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>	
c. LENGTH OF STAY (in this place) <u>10 weeks</u>		d. STREET ADDRESS (If rural, give location) <u>Blackstone Hotel</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Hospital #1</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>GUY</u> b. (Middle) <u>JAM</u> c. (Last) <u>WORTMAN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 27 1951</u>			
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>DIVORCED</u>	8. DATE OF BIRTH <u>Dec. 22, 1896</u>	9. AGE (In years last birthday) <u>54</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CARPENTER</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>La Rue Ohio</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Joseph Wortman</u>		13b. MOTHER'S MAIDEN NAME <u>MARY BOYHAM</u>		14. NAME OF HUSBAND OR WIFE <u>LOU WORTMAN</u>	
--	--	--	--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>496-187212</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Juanita Hilleman 10115 Lackland Rd St. Louis</u>			
--	---	---	--	--	--

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Intestinal obstruction (m-m-a)</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Neuritis of undetermined origin</u>  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH  <u>5705</u>
---	--	--	--	--	---

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE (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) m.	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 Aug. 18, 1951, to 10-27, 1951, that I last saw the deceased  alive on Oct. 27, 1951, and that death occurred at 2:20 P., from the causes and on the date stated above.

23a. SIGNATURE <u>B.I. Burns M.D.</u> (Degree or title)		23b. ADDRESS <u>General Hospital #1</u>		23c. DATE SIGNED <u>10-27-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>10-28-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>--</u>	24d. LOCATION (City, town, or county) (State) <u>Overland Missouri</u>		

DATE REC'D BY LOCAL REG. <u>10-28-51</u>	REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>D.W. Newcomer's Sons North Kansas City Mo.</u>			
--	---	--	--	--	--

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

Smith

---

---

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. ....

Signed \_\_\_\_\_

*John V. Fenwick Jr.*  
4848

Licensed Embalmer No. \_\_\_\_\_

P. O. Address *832 Arrow Rd N*

Signed.....  
Student Embalmer

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.