FILED NOV 15 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 15 1940

Registration District No. 421

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 35578

Primary Registration District No. 2002

Registrar's No.

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

1. PLACE OF DEATH:
(a) County: JASPER
(b) City or town: Joplin (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 719 West 14th (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: 11 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: JASPER
(c) City or town: Joplin (If outside city or town limits, write "RURAL") 20
(d) Street No.: 719 West 14th (If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME: AMANDA WORTHINGTON
3. (b) If veteran, name war: ____
3. (c) Social Security No.: ____
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: Jay Worthington
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased: Unknown (Month) ✓ (Day) 1865 (Year)
8. AGE: Years: about 75 Months: — Days: — If less than one day: ____ hr. ____ min.
9. Birthplace: Lawrence Co (City, town, or county) Missouri (State or foreign country) 0
10. Usual occupation: At Home 1
11. Industry or business: 1
MOTHER FATHER
12. Name: Witson Taylor
13. Birthplace: Unknown (City, town, or county) Tennessee (State or foreign country)
14. Maiden name: Martha Clarkston
15. Birthplace: Unknown (City, town, or county) Tennessee (State or foreign country)
16. (a) Informant: J J Worthington
(b) Address: 719 West 14th
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Oct 7 1940 (Month) (Day) (Year)
(c) Place: burial or cremation: Osborn Memorial
18. (a) Signature of funeral director: Langley Mortuary
(b) Address: 1502 Joplin St Joplin, Mo.
19. (a) 10-7-40 (Date received local registrar) (b) W A Jennings (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: October day: 5 year: 1940 hour: 8 minute: 50 A.M.
21. I hereby certify that I attended the deceased from 4-8 1940 to 9-30 1940 that I last saw her alive on 9-30 1940 and that death occurred on the date and hour stated above.

Immediate cause of death: Ch. Myocarditis

Due to: ____

Due to: ____

Other conditions (Include pregnancy within 3 months of death): ____

Major findings: Of operations: ____ Of autopsy: ____

Duration

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? ____ (Specify type of place)
While at work? ____ (e) Means of injury: ____
23. Signature: Jno Wilson M.D. Joplin Mo
Address: ____ Date signed: 10-5-40

(Licensed Embalmer's Statement on Reverse Side)

40-11-509

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 F. M. Jones

Licensed Embalmer No. 2,319

P. O. Address Joplin

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.