

No. 2  
1-13-40  
-17-39  
X23159

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED SEP 15 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

28305

State File No. \_\_\_\_\_

Registration District No. 318

Primary Registration District No. 2001

Registrar's No. 652

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

1. PLACE OF DEATH:  
 (a) County GREENE  
 (b) City or town Springfield  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
840 S. Grant St.  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 1 (Specify whether  
 In this community 1 years, months or days)

3. (a) PRINT FULL NAME Celia Cunningham Worthey

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

4. Sex Female 5. Color or race White  
 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Husband John A. Worthey  
 6. (c) Age of husband or wife if alive 84 years  
 7. Birth date of deceased April 21 1862  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>79</u>	<u>3</u>	<u>20</u>	hr. _____ min. _____

9. Birthplace Webster Co. Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business At Home

12. Name Nathaniel Cunningham

13. Birthplace No Data North Carolina  
(City, town, or county) (State or foreign country)

14. Maiden name Nancy Whittenberg

15. Birthplace No Data Tenn.  
(City, town, or county) (State or foreign country)

16. (a) Informant John A. Worthey

(b) Address Springfield Missouri

17. (a) Burial (b) Date thereof Aug. 13 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Prospect Cemetary Alma Lohmeyer Funeral Home

18. (a) Signature of funeral director \_\_\_\_\_  
(b) Address Springfield Missouri

19. (a) 8-13-41 (b) W. E. Handley  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 039  
 (a) State Missouri (b) County Greene  
 (c) City or town Springfield 6  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 840 S. Grant 0  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 11  
year 1941 hour 3 minute 30 P. M.

21. I hereby certify that I attended the deceased from Aug 30, 1941 to Aug 11, 1941;  
that I last saw h. on alive on Aug 10, 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death Uraemia from Chronic nephritis Chronic myocarditis Duration

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Large Fibroid of Uterus  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy no. 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 \_\_\_\_\_

Signature W. E. Handley (M. D. or other) h. b.

Address Springfield Mo Date signed 8-11-41

787 (Licensed Embalmer's Statement on Reverse Side)

**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 *Wayne Hinkle*

Licensed Embalmer No. *3444*

P. O. Address *Springfield*

**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.