

S. No. 2  
M-5-42  
5-17-39  
P1 X32873

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED AUG 17 1942

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 23687  
Registrar's No. 2947

Registration District No. 149

Primary Registration District No. 1002

1. PLACE OF DEATH:  
(a) County Jackson  
(b) City or town Kansas City  
(c) Name of hospital or institution: K.C. General Hospital No. 1  
(d) Length of stay: In hospital or institution 4 days  
In this community 12 years

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(d) Street No. 709 Washington  
(e) Citizen of foreign country? (Yes or No)

3. (a) PRINT FULL NAME Worst, George  
(b) If veteran, name war no record  
(c) Social Security No. record

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month July day 23rd  
year 1942 hour 9 minute 15 A.M. M.

4. Sex Male 0  
5. Color or race W.  
6. (a) Single, widowed, married, divorced No record  
6. (b) Name of husband or wife  
6. (c) Age of husband or wife if alive years  
7. Birth date of deceased No record

21. I hereby certify that I attended the deceased from 5-23-42 19 to 7-23-42 19  
that I last saw h. im. alive on 7-23-42 19  
and that death occurred on the date and hour stated above.

Immediate cause of death  
CEREBRAL HEMORRHAGE  
Due to 83a  
Due to  
Other conditions (Include pregnancy within 3 months of death)

8. AGE: Years 77 Months ? Days ? If less than one day hr. min.  
9. Birthplace Indiana (City, town, or county) (State or foreign country)  
10. Usual occupation None

PHYSICIAN  
Major findings:  
Of operations  
Of autopsy  
Underline the cause to which death should be charged statistically.

11. Industry or business  
12. Name No record  
13. Birthplace (City, town, or county) (State or foreign country)  
14. Maiden name  
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant Record clerk  
(b) Address K.C. General Hospital  
17. (a) Burial (b) Date thereof July 30-42  
(c) Place: burial or cremation Burial

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?

18. (a) Signature of funeral director M. M. Orlove  
(b) Address City  
19. (a) 8-4-42 (b) M. M. Orlove  
(Date received local registrar) (Registrar's signature)

23. Signature M. M. Orlove (M. D. or other)  
Address Med. Dir. K.C. Gen. Hospital  
Date signed

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

5-17-39

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**