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5-17-33  
1 X2

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **2308**  
Registrar's No. **89**

FILED FEB 6 1943 128  
Registration District No. **510**

Primary Registration District No. **2000**

39  
2  
6

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

1. PLACE OF DEATH: **GREENE**

(a) County **GREENE**

(b) City or town **Springfield, Mo.**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **1028 College**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
years, months or days

2. USUAL RESIDENCE OF DECEASED: **39**

(a) State **Missouri** (b) County **Greene**

(c) City or town **Springfield, Mo.** **2**  
(If outside city or town limits, write "RURAL") **6**

(d) Street No. **1028 College**  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)

If yes, name country \_\_\_\_\_ **0**

3. (a) PRINT FULL NAME **Miss Cortie Worress**

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

4. Sex **Female** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Single**

6. (b) Name of husband or wife **None** 6. (c) Age of husband or wife if alive **XX** years

7. Birth date of deceased **Unknown 1870**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
<b>Approx.</b>	<b>73</b>			<b>hr. min.</b>

9. Birthplace **Unknown Unknown**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housekeeper**

11. Industry or business **Housekeeper**

MOTHER FATHER { 12. Name **Unknown Unknown**

{ 13. Birthplace **Unknown Unknown**  
(City, town, or county) (State or foreign country)

{ 14. Maiden name **Unknown**

{ 15. Birthplace **Unknown Unknown**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Evelyn Simmons**

(b) Address **1028 College**

17. (a) **Burial** (b) Date thereof **1-20-43**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Maple Park**

18. (a) Signature of funeral director **Dunn Funeral Home**

(b) Address **Springfield, Mo.**

19. (a) **1-27-43** (b) **S. W. Hendley**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **January** day **27**  
year **1943** hour **12** minute **30A.** M.

21. I hereby certify that I attended the deceased from **1-24** 19**43**, to **1-24** 19**43**,  
that I last saw her alive on **1-24** 19**43**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Myocardial insufficiency**

Due to **Generalized artero-sclerosis**

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

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_ **2**

PHYSICIAN

Major findings: Of operations **932**

Of autopsy \_\_\_\_\_

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) (or) Means of injury \_\_\_\_\_

23. Signature **Evelyn Simmons** (M.D. or other) **0**

Address **Springfield, Mo.** signed **1-27-43**

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.....

*Body was Embalmed*....., Registered Apprentice No.....  
working under my personal supervision.

Signed *Frank Grable Jr.*

Licensed Embalmer No. *4140*

P. O. Address *Springfield, Mo.*

**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.