V. S. No. 2
0M—9-4-41
Rev. 5-17-39

FILED SEP 13 1943

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28539

Registration District No. 155 Primary Registration District No. 5577 Registrar's No. 4

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town ~~Asbury~~ - Rural - Jasper Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1 Mile north of Asbury /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 15 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Webb City 6
(If outside city or town limits, write "RURAL") 2

(d) Street No. 424 West Second Street
(If rural, give location)

(e) Citizen of foreign country? Nos (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Helen Beatrice Worthy

3. (b) If veteran, name war no

3. (c) Social Security No.

4. Sex F.

5. Color or race W. /

6. (a) Single, ~~widowed, married,~~ ~~divorced~~ Single 0

6. (b) Name of husband or wife single

6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased December (Month) 4, (Day) 1926 (Year)

8. AGE:

Years	Months	Days	If less than one day
16	8	17	..... hr. ..... min.

9. Birthplace Joplin (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation student

11. Industry or business

FATHER
12. Name Fred Worthy
13. Birthplace no data (City, town, or county) Missouri (State or foreign country) 0

MOTHER
14. Maiden name Eva Sallee
15. Birthplace no data (City, town, or county) Kansas (State or foreign country) /

16. (a) Informant mother Mrs. John Byler
(b) Address Webb City, Missouri

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 8/18/43 (Month) (Day) (Year)
(c) Place: burial or cremation Forest Park Cem.

18. (a) Signature of funeral director Hedge Nelson
(b) Address Webb City, Missouri

19. (a) Aug. 18, 1943 (Date received local registrar) (b) Mrs. Lillie Lagle (Registrar's signature)

1180

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 15
year 1943 hour 12:40 minute P. M.

21. I hereby certify that I attended the deceased from ..... 19.. to ..... 19..
that I last saw him alive on did not see her alive 19..
and that death occurred on the date and hour stated above.

Immediate cause of death Basal skull fracture

Due to and crushed chest

Due to automobile accident

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.

17 oc 6
22

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident

(b) Date of occurrence Aug 15 '43 047

(c) Where did injury occur? Asbury (City or town) Jasper (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
on Fed Highway #57
(Specify type of place)

While at work? (e) Means of injury Crowner

23. Signature R. W. Webster (M. D. or other)

Address Carthage, Mo Date signed Aug 16 43

(Licensed Embalmer's Statement on Reverse Side)

43-P-702

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 C. W. Helge

Licensed Embalmer No. 2859

P. O. Address Webb City, 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.