

FILED OCT 26 1943/56

Registration District No. _____

Primary Registration District No. 2001

Registrar's No. 570

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:
Allsman Nursing Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 Days
(Specify whether
In this community 10 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper 049
(c) City or town Chitwood
(If outside city or town limits, write "RURAL")
(d) Street No. None
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Harmon W. Worrel
3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced, Widowed
6. (c) Age of husband or wife if alive dead years

7. Birth date of deceased No record
(Month) (Day) (Year)

8. AGE: Years About 84 Months Days If less than one day hr. min.

9. Birthplace No record
(City, town, or county) (State or foreign country)

10. Usual occupation Blacksmith

11. Industry or business None

12. Name No record

13. Birthplace No record
(City, town, or county) (State or foreign country)

14. Maiden name No record

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

16. (a) Informant Mrs. Gilbert
(b) Address Joplin Mo.

17. (a) Burial (b) Date thereof 10-11-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Ozark Memorial Cem.

18. (a) Signature of funeral director: Hurlbut Und. Co.
(b) Address Joplin, Missouri

19. (a) 10-11-43 (b) Gertude Suchanek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 9
year 1943 hour 2:00 A. M. minute _____ M.
21. I hereby certify that I attended the deceased from June 17
1943 to Oct. 8- 1943
that I last saw him alive on Oct 8- 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy
Duration _____
Due to _____
Due to _____
Other conditions (Includes pregnancy within 3 months of death) _____

Major findings:
Of operations _____
Of autopsy _____
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 _____
23. Signature C. E. Boatman (M. D. or other)
Address 306 1/2 N. 1st St. Joplin Date signed 10-9-43

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

2
43
39
3587

43-9-881

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.....

Terry K. Durbush

Licensed Embalmer No.

959

P. O. Address.....

Spencer, N.C.

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.