No. 2
-5-43
17-39
X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 13 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2669

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 61

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: 1209 Illinois (If not in hospital or institution, write street number or location) 1
(d) Length of stay: In hospital or institution (Specify whether
In this community 20 Yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jasper 49
(c) City or town Joplin (If outside city or town limits, write "RURAL") 2
(d) Street No. 1209 Illinois (If rural, give location) 5
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Viola Bell Worden
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F 1
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed 2
6. (b) Name of husband or wife Frank T. Worden
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Sept (Month) 14 (Day) 1866 (Year)

8. AGE:	Years	Months	Days	If less than one day
	78	4	16	hr. min.

9. Birthplace Atchison Co (City, town, or county) Nebr (State or foreign country) 1
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name not known
13. Birthplace not known (City, town, or county) (State or foreign country) 0
MOTHER
14. Maiden name not known
15. Birthplace not known (City, town, or county) (State or foreign country) 0
16. (a) Informant Viola Rutherford 1
(b) Address 1209 Illinois, Joplin, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/2/45 (Month) (Day) (Year)
(c) Place: burial or cremation Forest Park Cemetery
18. (a) Signature of funeral director Parker-Hunsaker
(b) Address Joplin, Mo.
19. (a) 2-2-45 (Date received local registrar) (b) Gertrude Siedhoetter (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 30 year 1945 hour 8:15 minute P. M.
21. I hereby certify that I attended the deceased from Jan 15, 1945 to Jan 30, 1945 that I last saw her alive on Jan 30, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Nephritis	several years
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) Fracture of Hip (left) Chronic Cholecystitis	4 months

Major findings:
Of operations ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED
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: 122
(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? (Specify type of place)
While at work? (e) Means of injury
23. Signature [signature] (M. D. or other) D.O.
Address Joplin Mo. Date signed 2-2-45

(Licensed Embalmer's Statement on Reverse Side)

1204

45-1-66

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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.

No. 2B
—5-43
I X36930

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. Jb

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 61

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:

(If not in hospital or institution, write street number or location)

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

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

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

(d) Street No.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Viola B. Worden

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife

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

7. Birth date of deceased Sept 14 1860
(Month) (Day) (Year)

8. AGE: Years 78 Months 4 Days 6 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Jan day 30
year 1945 hour 9 minute M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

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) Accidental fall

(b) Date of occurrence Oct. 9, 1944 at 9:10 P.M.

(c) Where did injury occur? Joplin, Jasper, Mo. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Back yard at home (Specify type of place)

While at work? no (e) Means of injury

23. Signature [signature] (M. D. or other) D.O.

Address Joplin Mo. Date signed 2-14-45

SUPPLEMENTARY

d3

5-2669