

S. No. 2
DM-5-43
v. 5-17-39
X36671

20998

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JUL 11 1946

Registration District No. 932 Primary Registration District No. 4347 Registrar's No. _____

1. PLACE OF DEATH:
(a) County Montgomery
(b) City or town Middletown Mo
(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 6 weeks (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Montgomery
(c) City or town Middletown Mo
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME August Fredrick Wortman
3. (b) If veteran, name war L
3. (c) Social Security No. ✓

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 14 year 1946 hour 8 minute 15 A.M.
21. I hereby certify that I attended the deceased from Mar. 3, 1946 to June 14, 1946
that I last saw him alive on June 14, 1946 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Sophia Wortman
6. (c) Age of husband or wife if alive 48
7. Birth date of deceased: July 8, 1868
(Month) (Day) (Year)

Immediate cause of death: Carcinoma of the small intestine
Due to Carcinoma of small intestine
Due to senility
Other conditions: arterial hypertension
(Include pregnancy within 3 months of death)
Two in quinal hernias

8. AGE: Years 77 Months 11 Days 6
If less than one day hr. _____ min. _____

9. Birthplace Adams Co Mo
(City, town, or county) (State or foreign country)

10. Usual occupation farmer
11. Industry or business same

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

MOTHER FATHER
12. Name _____
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 Yellow Wortman
(b) Address Middletown Mo
(c) Place: burial or cremation Burial
(b) Date thereof 7/15/46
(Month) (Day) (Year)
18. (a) Signature of funeral director W. R. Titus
(b) Address Middleville Mo
19. (a) June 15, 1946 (b) Z. Chapman
(Date received local registrar) (Registrar's signature)

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 2
23. Signature W. R. Titus (M., D. or other) DO
Address Middletown, Mo Date signed June 15, 1946

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

RECEIVED

District Health Officer No. 9,

District File Number _____

Date Filed 7-9-46

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 self.

_____, Registered Apprentice No. _____,
working under my personal supervision.

Signed A. B. Wells

Licensed Embalmer No. 1588

P. O. Address Wellerille, 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.