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

262

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 27429

FILED SEP 9 1946

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3683

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Mary's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Day (Specify whether
In this community 37 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 7125 McGee Street 8
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME CLARENCE MILTON WORCESTER

3. (b) If veteran, name war World War 1

3. (c) Social Security No. 268-07-1949

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Mrs. Violet Ruth Worcester

6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased February 8th 1897
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
49	6	15	hr. min.

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

10. Usual occupation Salesman

11. Industry or business Gibson Art Company

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

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

16. (a) Informant Mrs. Violet Worcester
(b) Address 7125 McGee Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8 - 26 - 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director Freeman Mortuary & Chapel
(b) Address 104 West 42nd St. Kansas City, Mo

19. (a) 8-26-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 23
year 1946 hour 5 minute 15 P.M.

21. I hereby certify that I attended the deceased from 1938, 19__, to 8-23, 1946
that I last saw him alive on 8-23, 1946;
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Artery Occlusion	1 day
Due to Arterio Sclerosis	
Due to	
Other conditions Intermittent Delatation of Duodenum (Include pregnancy within 3 months of death)	
Major findings Of operations 94	
Of autopsy Above	

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? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature W. A. Myers MD (M. D. or other)
Address 1115 Grand Ave. Kans City Mo Date signed 8-23-46

(Licensed Embalmer's Statement on Reverse Side)

SEP 18 1946

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 Walter H. Erwin

Licensed Embalmer No. 4352

P. O. Address Kansas 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.