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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 23 1947

Registration District No. 360

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 12198

Primary Registration District No. 3076

Registrar's No. 41

1. PLACE OF DEATH:

(a) County VERNON

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

(c) Name of hospital or institution: 402 S. Cedar St
(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 MO (b) County VERNON 108

(c) City or town Sheffell City 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME MARY WORTHY

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 Widow

6. (b) Name of husband or wife Squire Worthy

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

7. Birth date of deceased July (Month) 11 (Day) 1871 (Year)

8. AGE: Years 74 | Months 7 | Days 22 | If less than one day ..... hr. ..... min.

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

10. Usual occupation Widow

11. Industry or business .....

FATHER
12. Name Christian May 4
13. Birthplace ..... (City, town, or county) Germany (State or foreign country)

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

16. (a) Informant Wm McCaffrey
(b) Address Fence Cr. Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-6-47 (Month) (Day) (Year)
(c) Place: burial or cremation Schell City Cem

18. (a) Signature of funeral director [illegible]
(b) Address Harwood Mo

19. (a) 3-10-47 (Date received local registrar) (b) Kathryn Yancey (Registrar's signature)
331 By Deputy

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 3 year 1947 hour 9 minute 25 P.M.

21. I hereby certify that I attended the deceased from March 3, 1947, to March 3, 1947 that I last saw her alive on March 3, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Left Ventricular failure	2 Wks
Due to Chronic Cardio Vascular Renal disease	?
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations .....
Of autopsy .....

131 A

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 .....

23. Signature Wm Allen MD (M. D. or other)

Address Nevada, Mo Date signed 3-3-47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 2-42-234
Date Filed 3-19-42

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.....

Licensed Embalmer No. 2709

P. O. Address.....

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.