

No. 2
5-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 26 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17835

State File No.

Registration District No. 156

Primary Registration District No. 2001

Registrar's No.

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:
St. John's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 Months
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jasper

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

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

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

If yes, name country _____

3. (a) PRINT FULL NAME Leonard (Mike) WORMINGTON

3. (b) If veteran, name war No

3. (c) Social Security No. 487-14-2024

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 4 year 1947 hour 12:40 minute P. M.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased September 14 1875
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Aug 16 to May 4, 1947.
that I last saw him alive on May 04, 1947
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

| | | | |
|----|---|----|----------|
| 71 | 7 | 20 | hr. min. |
|----|---|----|----------|

Immediate cause of death
arteriosclerotic and diabetic gangrene
Due to Diabetes and Arteriosclerosis

Other conditions:
(Include pregnancy within 3 months of death)

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

10. Usual occupation Hotel Clerk

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name L. C. Wormington

13. Birthplace Unknown Texas
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Oliver

15. Birthplace Unknown Ky.
(City, town, or county) (State or foreign country)

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? _____

16. (a) Informant Mrs. Lucille Forham

(b) Address Webb City, Mo.

17. (a) Burial (b) Date thereof 5 6 47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sarcoxie Cemetery

While at work? _____ (Specify type of place) (c) Means of injury _____

23. Signature Ed. C. Ulmer (M. D. or other) MD
Address Joplin, Mo. Date signed 5-5-47

18. (a) Signature of funeral director Ed. C. Ulmer

(b) Address Carthage, Mo.

19. (a) 5-8-47 (b) Deloris Sampkins
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

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

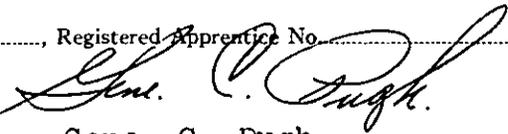
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47-5-446

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 .....
Gene. C. Pugh.

Licensed Embalmer No..... 4231

P. O. Address..... Carthage, 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.