. S. No. 2
M—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. [illegible]

FILED MAR 27 1948

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1224

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

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: General Hospital No. 1 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 days (Specify whether
In this community 30 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. 2813 Terrace 8
(If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME George Worth
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Widower 7
6. (b) Name of husband or wife Belle Worth
6. (c) Age of husband or wife if alive years
7. Birth date of deceased June 21 1870 (Month) (Day) (Year)

8. AGE: Years 77 Months 8 Days 25 If less than one day hr. min.

9. Birthplace Chillicothe (City, town, or county) Missouri (State or foreign country) 0
10. Usual occupation Retired
11. Industry or business
FATHER
12. Name John Worth
13. Birthplace Ohio (City, town, or county) (State or foreign country) 1
MOTHER
14. Maiden name Rebecca M Dodd
15. Birthplace Indiana (City, town, or county) (State or foreign country) 1
16. (a) Informant RAY WORTH
(b) Address 2813 Terrace
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/17/48 (Month) (Day) (Year)
(c) Place: burial or cremation Forest Hill Cemetery
18. (a) Signature of funeral director Hurk & Tobin
(b) Address 20 West Linwood
19. (a) 3-17-48 (Date received local registrar) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 16
year 1948 hour 1 minute 20 A.M.

21. I hereby certify that I attended the deceased from March 7 1948 to March 16 1948;
that I last saw him alive on March 16 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebrovascular accident	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 830	
Major findings: Of operations	
Of autopsy None	

PHYSICIAN
Underline the cause of 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 Wm W. Hart (M. D. or other) MD
Address Med. Dir. Gen'l Hosp. Date signed 3-16-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Howard W. Farmer

Licensed Embalmer No. 4134

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.