S. No. 2
M—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAR 29 1948

Registration District No. 333

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4489

State File No. 11210

Registrar's No. 1

1. PLACE OF DEATH:
(a) County Scott
(b) City or town Vanduser - Morley
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 45 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Scott 100
(c) City or town Vanduser
(If outside city or town limits, write "RURAL")
(d) Street No. Morley Twp
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ✓

3. (a) PRINT FULL NAME Amny Wornica
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widow 2
6. (b) Name of husband or wife Louis E Wornica
6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased Jan (Month) 24, (Day) 1870 (Year)

8. AGE: Years 78 Months 1 Days 10 If less than one day hr. min.

9. Birthplace Brandenburg (City, town, or county) Ky (State or foreign country)
10. Usual occupation House Keeper
11. Industry or business ✓
FATHER
12. Name — Gilla Land
13. Birthplace Unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name — Fourshee
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Lester Wornica
(b) Address Poplar Bluff, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-6-48 (Month) (Day) (Year)
(c) Place: burial or cremation Carpenter Scott Co Mo
18. (a) Signature of funeral director Bisplinghoff Funerals
(b) Address Chaffee Mo Home
19. (a) 3-8-48 (Date received local registrar) (b) Mrs. T.F. Henry (Registrar's signature) 303

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 4
year 1948 hour 8 minute 30 P.M.

21. I hereby certify that I attended the deceased from 1-14 1948 to Death 19
that I last saw her alive on 2-24- 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Influenza

Due to

Due to

Other conditions No
(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

Duration

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? None (Specify type of place)
While at work? — (e) Means of injury —

23. Signature M D Mayfield (M. D.)
Address [illegible] Date signed 3-5-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2
District File Number 348-391
Date Filed 3-25-48

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 Jack J. Burnett

Licensed Embalmer No. 4473

P. O. Address Chaffee, Missouri

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.