No. 300
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED DEC 13 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

36217

State File No.

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 1065

1. PLACE OF DEATH:

(a) County Greene

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

(c) Name of hospital or institution: 504 W. Division
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community Most of life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 37

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

(d) Street No. 504 W. Division
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME William Van Wormer

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Hattie

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

7. Birth date of deceased September (Month) 9 (Day) 1856 (Year)

8. AGE: Years 92 Months 2 Days 27 If less than one day hr. min.

9. Birthplace Jackson County (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business Retired Farmer

FATHER
12. Name Dan Van Wormer
13. Birthplace ? (City, town, or county) Ohio (State or foreign country)

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

16. (a) Informant Cora Cavin (Daughter).
(b) Address Springfield, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-8-48 (Month) (Day) (Year)
(c) Place: burial or cremation Greenlawn Cemetery

18. (a) Signature of funeral director J.W.Klingner & Co.
(b) Address Springfield, Mo.

19. (a) 12-8-48 (Date received local registrar) (b) W E Handley MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 6 year 1948 hour 5 minute 20 P.M.

21. I hereby certify that I attended the deceased from Jan. 11th, 1948, to December 6th, 1948; that I last saw him alive on December 6th, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Myocarditis with Mitral Regurgitation	
Due to	
Due to General Senility	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 92 B	
Of autopsy	

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 Paul J. Upshaw, MD (M. D. or other)
Address Springfield, Missouri Date signed 12-7-48

(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 Max A. Rhodes

Licensed Embalmer No. 4071

P. O. Address Springfield

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.