REC'D FEB 21 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1653
Do not use this space.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1. PLACE OF DEATH
(a) County Buchanan — Registration District No. 1001 — Registered No. 51
(b) Township — Primary Registration District No.
(c) City St. Joseph — (d) Street No. Municipal Golf Course St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 640 Edward Worley
(a) Residence, No. 1918 So. 6th. Street. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) About 1882.

7. AGE: Years 57 — Months - — Days - — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as saw mill, bank, etc. Common.
10. Date deceased last worked at this occupation (month and year) Unknown
11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Joseph, Missouri.

FATHER
13. NAME Lorenzo Worley
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Forbes. Missouri

MOTHER
15. MAIDEN NAME Sarah Fitzgerald
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alexandria Virginia

17. INFORMANT Margaret Stamp
(ADDRESS) 2217 S. 11th. Str. St. Joseph, Mo

18. BURIAL, CREMATION, OR REMOVAL Mt. Olivet Cemt.
PLACE St. Joseph, Mo. DATE Jan. 20, 1939.

19. FUNERAL DIRECTOR (NAME) H. O. Sidenfaden & Son
(ADDRESS) 1802 Union Str. St. Joseph, Mo.

20. FILED Jan 19, 1939 [illegible] Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 17, 1939

22. I HEREBY CERTIFY, That I ~~attended~~ viewed deceased from Jan 17th, 1939 to ....., 19....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at about 10:45 AM
The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Insufficiency,	

Other contributory causes of importance:
Exposure from laying in snow after heart attack

Name of operation ..... Date of .....
What test confirmed diagnosis? History Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify .....
(Signed) G. W. Tadlock Coroner M. D.
(Address) King Hill Bldg.

(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, ...

Elbert E. Harrington, or by ********

Registered Apprentice No. ********, working under my personal supervision.

Signed Elbert E. Harrington

Licensed Embalmer No. 3258.

P. O. Address 1802 Union Str. St. Jos

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.