

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

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.

ED OCT 12 1940 89  
Registration District No. \_\_\_\_\_

Primary Registration District No. **3007**

Registrar's No. **279**

1. PLACE OF DEATH:  
(a) County **Butler**  
(b) City or town **Poplar Bluff Mo**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution \_\_\_\_\_  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Mo** (b) County **BUTLER**  
(c) City or town **POPLAR BLUFF**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **0 945 SPRING ST**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME **NELLIE MAE WORLEY**  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **Sept** day **10**  
year **1940** hour **11:am** minute \_\_\_\_\_ M.

4. Sex **Female** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **married**  
6. (b) Name of husband or wife **John M. Worley** 6. (c) Age of husband or wife if alive **40** years  
7. Birth date of deceased **Dec 0 23 1900**  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Aug 1** 19**40** to **Sept 10** 19**40**  
that I last saw her alive on **Sept 10** 19**40**  
and that death occurred on the date and hour stated above.

8. AGE: Years **39** Months **8** Days **19** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death **Acute Cardiac failure** Duration **1 day**

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

Due to **Chronic Myocarditis** **1 yr.**

10. Usual occupation **Housewife**

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

11. Industry or business \_\_\_\_\_

Major findings: Of operations **HT** **PT** **CV**

MOTHER { 12. Name **John D Phelps**  
13. Birthplace **Mo** (City, town, or county) (State or foreign country)

Of autopsy \_\_\_\_\_

FATHER { 14. Maiden name **Ira Wilcox** (City, town, or county) (State or foreign country)  
15. Birthplace **Kan** (City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:

16. (a) Informant's own signature **Mrs Leo Clark**

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Address **Poplar Bluff Mo**

(b) Date of occurrence \_\_\_\_\_

17. (a) **Burial** (b) Date thereof **Sept 13 1940** (City or town) (County) (State)  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Where did injury occur? \_\_\_\_\_

(c) Place: burial or cremation **Woodlawn ctm**

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

18. (a) Signature of funeral director **N. F. Phelps**

(Specify type of place) \_\_\_\_\_  
While at work \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

(b) Address **Poplar Bluff Mo**

23. Signature **W. H. Fisher** (M. D. or other) \_\_\_\_\_

(c) Date received local registrar **9-15-40** (d) Registrar's signature **W. H. Fisher**

Address **Poplar Bluff Mo** Date signed **9/15/40**

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**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 N.T. Phelps

Licensed Embalmer No. 3231

P. O. Address Paplar Bleeffm

**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, above space should be left blank.**