

FILED OCT 10 1940

Registration District No. 411

Primary Registration District No. 2002

Registrar's No. _____

1. PLACE OF DEATH:

(a) County JASPER

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

(c) Name of hospital or institution: St. John's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 days
(Specify whether years, months or days)

In this community 13 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County JASPER

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

(d) Street No. 2206 Virginia
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME KINNEY WORLEY

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 28 year 1940 hour 9 minute 15 P.M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Elizabeth Worley 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased November 8 1873
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Sept. 24 1940 to Sept. 28 1940 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>66</u>	<u>10</u>	<u>20</u>	hr. _____ min. _____

Immediate cause of death General Carcinoma Heart Failure

Due to Prostatic Carcinoma

Other conditions Prostate
(Include pregnancy within 3 months of death)

9. Birthplace Portsmouth Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Locomotive Engineer

11. Industry or business _____

Major findings: Of operations none 51

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER

12. Name C. E. Worley

13. Birthplace Albion Ohio
(City, town, or county) (State or foreign country)

14. Maiden name Mary Willis

15. Birthplace unknown Ohio
(City, town, or county) (State or foreign country)

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

(a) Accident, suicide, or homicide (specify) VI

(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? 3 720

16. (a) Informant Oliver R. Worley

(b) Address 2206 Virginia St

17. (a) Burial (b) Date thereof Sept. 30 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ozark Memorial Park

18. (a) Signature of funeral director Langley Mortuary

(b) Address 1502 Joplin St. Joplin Mo.

19. (a) 9-30-40 (b) E. D. James
(Date received local registrar) (Registrar's signature)

23. Signature [Signature] (M. D. physician) _____

Address _____ Date signed _____

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

19
7
5

5

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 *F. M. Jones*

Licensed Embalmer No. *2319*

P. O. Address *Johnnie 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.