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SOLD MAY 6 1944
FILED MAY 6 1944

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 15624

Registration District No. 735

Primary Registration District No. 3034

Registrar's No. 78

1. PLACE OF DEATH:
(a) County Randolph
(b) City or town Moberly
(c) Name of hospital or institution:
827 Bond
(d) Length of stay: In hospital or institution _____
In this community _____

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Randolph
(c) City or town Moberly
(d) Street No. 827 Bond
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Nannie A. Worledge
(b) If veteran, name was _____
(c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 23rd
year 1944 hour 9 minutes 45 P.M.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Henry Clay Worledge
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Feb 7 1879

21. I hereby certify that I attended the deceased from with 23/44 to Apr 23/44
that I last saw her alive on Apr 23/44
and that death occurred on the date and hour stated above.

8. AGE: Years 62 Months 2 Days 5
If less than one day hr. _____ min. _____

Immediate cause of death Stroke - apoplexy
Due to _____

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

Due to arterial hypertension
Other conditions _____

10. Usual occupation at home

Major findings: _____
Of operations _____
Of autopsy _____

11. Industry or business _____

MOTHER FATHER
12. Name Joseph Alde
13. Birthplace Ty
14. Maiden name Amanda Robinson
15. Birthplace Ty

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

16. (a) Informant H. B. Worledge
(b) Address Moberly

23. Signature _____
Address _____ Date signed _____

17. (a) Burial (b) Date thereof Apr 25 1944
(c) Place: burial or cremation Moberly

18. (a) Signature of funeral director Mahan and Son
(b) Address Moberly Mo

19. (a) Apr 25 44 (b) Leah H. Williams
(Date received local registrar) (Registrar's signature)

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

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

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 Frank B Witt
Licensed Embalmer No. 3021
P. O. Address Trobely M

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.