

**AUG 10 1941**

Registration District No. **399**

Primary Registration District No. **1002**

Registrar's No. **2819**

148  
030

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

1. PLACE OF DEATH:

(a) County **Jackson**  
(b) City or town **Jackson City**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**3614 Bellefontaine**  
(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) \_\_\_\_\_ ! \_\_\_\_\_

3. (a) PRINT FULL NAME **Isabelle C. Worline**

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

4. Sex **F** 5. Color or race **Wh** 6. (a) Single, widowed, married, divorced **Widowed**  
(b) Name of husband or wife **Lewis W. Worline** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **Aug 25 - 1861 -**  
(Month) (Day) (Year)

8. AGE: Years **79** Months **11** Days **2** If less than one day hr. min.

9. Birthplace **Williamsport, Penn**  
(City, town, or county) (State or foreign country)

10. Usual occupation **House keeper**

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

12. Name **George Bastian**

13. Birthplace **Williamsport, Penn**  
(City, town, or county) (State or foreign country)

14. Maiden name **Went**

15. Birthplace **Williamsport, Penn**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Adolph Kaiser**

(b) Address **3614 Bellefontaine**

17. (a) **Removed** (b) Date thereof **7/27/1941**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Wills Cemetery**

18. (a) Signature of funeral director **D. A. Nossinger**

(b) Address **Pleasant Hill, Mo**

19. (a) **7-27-41** (b) **M. M. Brown**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Greene**  
(c) City or town **3614 Bellefontaine**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **Jackson City, Mo**  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_ **0**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **27<sup>th</sup>**  
year **1941** hour **9** minute **30** A.M.

21. I hereby certify that I attended the deceased from **July 26**  
1941 to **July 27** 1941:  
that I last saw her alive on **July 27** 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

**Coronary occlusion**  
Due to **hypertension**  
**Second or 3rd attack of coronary**

Due to \_\_\_\_\_  
Other conditions (include pregnancy within 3 months of death) **94 W**

Major findings: Of operations \_\_\_\_\_

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? \_\_\_\_\_

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

23. Signature **Miss Bastian** (M. D. or other) **D**

Address **400 1/2 E. R. C. Mo** Date signed **7-27-41**

**361** (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 *D. H. Noflinger*

Licensed Embalmer No. *3938*

P. O. Address *Pleasant Hill, 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.**