

FILED JUN 18 1942  
Registration District No. 231

Primary Registration District No. 5350

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

1. PLACE OF DEATH:  
 (a) County Daviess  
 (b) City or town "Rural" Grand River Townshi  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
8 Miles North Gallatin, Mo.  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
 In this community Life  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Daviess  
 (c) City or town "Rural"  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 8 Miles North Gallatin,  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Sarah Jane Worley  
 (b) If veteran, name war None  
 (c) Social Security No. None

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month May day 15  
 year 1942 hour 9 minute 00 A. M.

4. Sex Female 5. Color or race White  
 6. (a) Single, widowed, married, divorced Married  
 (b) Name of husband or wife Hartford Worley  
 (c) Age of husband or wife if alive 59 years  
 7. Birth date of deceased October 8 1881  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 1942 to May 15 1942  
 and that death occurred on the date and hour stated above.  
 Immediate cause of death: Malignant Hypertension  
 Duration 3 yrs.

8. AGE: Years Months Days If less than one day  
60 7 7 hr. \_\_\_\_\_ min.

Due to Atherosclerosis 3 yrs.  
 Due to \_\_\_\_\_  
 Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_  
 Major findings: 6  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

9. Birthplace Daviess County Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Own Home

MOTHER FATHER { 12. Name Ira William Troxel

13. Birthplace Daviess County Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Irma Melvina Terry

15. Birthplace Daviess County Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Hartford Worley  
 (b) Address Jameson, Mo.

17. (a) Burial (b) Date thereof 5-17-1942  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Scotland Cemetery

18. (a) Signature of funeral director Hope Turner & Sons Co.  
 (b) Address Gallatin, Mo.  
 19. (a) 5-16-1942 (b) L. O. Dickerson  
(Date received local registrar) (Registrar's signature)

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? \_\_\_\_\_

23. Signature L. O. Dickerson (M., D. or other) DO.  
 Address Gallatin, Mo. Date signed 5-16-42  
(Specify type of place) (c) Means of injury

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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..... *L. O. Richerson*.....

Licensed Embalmer No. *3302*.....

P. O. Address..... *Gallatin 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.**