

FILED NOV 19 1942

Registration District No. 119

Primary Registration District No. 1002

Registrar's No. 4060

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

1. PLACE OF DEATH: Jackson

(a) County.....  
 (b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
2437 Highland  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution.....  
56 (Specify whether  
 In this community.....  
56 years, months or days)

3. (a) PRINT FULL NAME Ralph Wortham

3. (b) If veteran, name war None

3. (c) Social Security No. 487-07-8776

4. Sex Male 5. Color or race Col

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lorene Wortham

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased June 8 1886  
(Month) (Day) (Year)

8. AGE: Years 56 Months 4 Days 21  
 If less than one day  
 hr. \_\_\_\_\_ min.

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

10. Usual occupation Presser

11. Industry or business K. C. Custom Garment Co.

MOTHER FATHER

12. Name David Wortham

13. Birthplace Raleigh N. C.  
(City, town, or county) (State or foreign country)

14. Maiden name Maggie Amos

15. Birthplace Columbia Tenn.  
(City, town, or county) (State or foreign country)

16. (a) Informant Lorene Wortham

(b) Address 2437 Highland

17. (a) burial (b) Date thereof 11/2/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Cemetery

18. (a) Signature of funeral director Hatkins Bros

(b) Address 1729 Lydia

19. (a) 11-2-42 (b) M. M. Grome  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 48

(a) State Missouri (b) County Jackson

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

(d) Street No. 2437 Highland  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 29  
 year 1942 hour 4 minute 10 P.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_ to 10-29-, 1942  
 that I last saw him alive on 10-29-, 1942  
 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Dilatation of Heart & Passive Congestion

Due to Hypertensive Heart Disease

Due to MI

Other conditions Mitral & Aortic Regurgitation  
(Include pregnancy within 3 months of death)

Major findings: Of operations none 928

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

Duration

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)

(c) Means of injury \_\_\_\_\_

23. Signature D. J. Wells (M. D. or other) \_\_\_\_\_

Address 1165 E. 68th Date signed \_\_\_\_\_

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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.....  
.....  
working under my personal supervision.

Signed.....

Registered Apprentice No.....

Licensed Embalmer No. *3994*

P. O. Address *2503 Highland*

**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.**