

Registration District No. 2145

Primary Registration District No. 5977

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County POLK  
(b) City or town ALDRICH Union Twp  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: \_\_\_\_\_  
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County POLK 84  
(c) City or town ALDRICH, MISSOURI  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME JOSEPH THOMAS WORTHAN

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

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased OCTOBER 21, 1862  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
81 1 14 hr. \_\_\_\_\_ min.

9. Birthplace NOT KNOWN 9  
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

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

MOTHER FATHER

12. Name HENRY WORTHAN

13. Birthplace NOT KNOWN 9  
(City, town, or county) (State or foreign country)

14. Maiden name \_\_\_\_\_

15. Birthplace \_\_\_\_\_ 9  
(City, town, or county) (State or foreign country)

16. (a) Informant MARY WORTHAN

(b) Address ALDRICH MO.

17. (a) \_\_\_\_\_ (b) Date thereof \_\_\_\_\_  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation BARREN CREEK

18. (a) Signature of funeral director Nutcheson & Co.

(b) Address Ballwin, Mo.

19. (a) Dec 18 43 (b) Rose Stewart  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC day 5  
year 1943 hour \_\_\_\_\_ minute 6 P. M.

21. I hereby certify that I attended the deceased from May 25, 1942 to Nov 3, 1943  
that I last saw him alive on Nov 3, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Carcinoma of prostate

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (includes pregnancy within 3 months of death) \_\_\_\_\_

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

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

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 G. D. Smith (M. D. or other) \_\_\_\_\_  
Address Ballwin, Mo. Date signed Dec 17 43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

**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..... *Carl Pitts*

Licensed Embalmer No. *3746*

P. O. Address *Balwin, Md*

**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.**