

S. No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED APR 18 1944

Registration District No. 271

Primary Registration District No. 4433

Registrar's No. 96

1. PLACE OF DEATH:

(a) County FUTNAM

(b) City or town UNIONVILLE
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1

(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 Mo (b) County Futnam ⁸⁶

(c) City or town Unionville ⁰
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

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

If yes, name country _____ ⁰

3. (a) PRINT FULL NAME John M Worley

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 27
year 44 hour 9 minute 50 P.M.

21. I hereby certify that I attended the deceased from September 4, 1944 to March 27, 1944
that I last saw him alive on March 26, 1944
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W

6. (a) Single, widowed, married, divorced 3

6. (b) Name of husband or wife RACHEL WORLEY

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

7. Birth date of deceased June 30 1868
(Month) (Day) (Year)

Immediate cause of death mitral regurgitation

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 928

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

8. AGE: Years 75 Months 8 Days 27
If less than one day _____ hr. _____ min.

9. Birthplace UNIONVILLE, MO ⁰
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business _____

MOTHER FATHER

12. Name HENRY WORLEY

13. Birthplace IND ¹
(City, town, or county) (State or foreign country)

14. Maiden name MERILE Cook

15. Birthplace Indiana ¹
(City, town, or county) (State or foreign country)

16. (a) Informant J. M. Worley

(b) Address Unionville Mo

17. (a) BURIAL (b) Date thereof 3-30-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Thompson Cem

18. (a) Signature of funeral director J. D. Christensen

(b) Address Unionville Mo

19. (a) 4/5/44 (b) C. Worley
(Date received local registrar) (Date registered)

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? _____

(Specify type of place)

While at work? _____ (e) Means of injury 3/29/44

23. Signature J. D. Worley (M. D. or other) 3/29/44

Address Unionville Mo Date signed _____

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

1077

(Licensed Embalmer's Statement on Reverse Side)

APR 24 1944

RECEIVED

District Health Officer No. 10

District File Number 4-44-243

Date Filed APR 6 1944

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 *F. O. Husted*

Licensed Embalmer No. 2975

P. O. Address *Unionville*

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.