

FILED FEB 15 1945  
Registration District No. 42

Primary Registration District No. 3007

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

1. PLACE OF DEATH:

(a) County Butler

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

(c) Name of hospital or institution:  
Lucy Lee Hosp.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 hours  
(Specify whether)

In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME Shirley May Worley

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race white

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

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased: Jan 17 - 1945  
(Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_  
If less than one day 9 1/2 hr. \_\_\_\_\_ min.

9. Birthplace Poplar Bluff Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

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

MOTHER FATHER

12. Name Marshal Worley

13. Birthplace Washington County Ark.  
(City, town, or county) (State or foreign country)

14. Maiden name Opel Mildred Lacey

15. Birthplace Poplar Bluff Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. S. Otis Worley

(b) Address Poplar Bluff Mo

17. (a) Burial (b) Date thereof 1-21-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn

18. (a) Signature of funeral director Frank Cottrell

(b) Address Poplar Bluff Mo

19. (a) 1-24-45 (b) Belle Turner  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Butler

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

(d) Street No. 1106 Nooney St  
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 17  
year 1945 hour 9 minute 30 P.M.

I hereby certify that I attended the deceased from  
Jan 17 1945 to Jan 17 1945  
that I last saw her alive on Jan 17 1945  
and that death occurred on the date and hour stated above.

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

Asphyxia neonatorum 1 da

Due to Premature infant

Eclampsia mother 2 da

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

Major findings:  
Of operations 159

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? \_\_\_\_\_

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

23. Signature O. P. S. S. S. (M. D. or other) \_\_\_\_\_  
Address Poplar Bluff Mo Date signed 1/24/45

RECEIVED  
District Health Office No. 2,  
District File Number 245-175  
Date Filed \_\_\_\_\_

**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 \_\_\_\_\_

Licensed Embalmer No. 2964

P.O. Address Poplar Bluff 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.**