

FILED APR 17 1945
Registration District No. 271

Primary Registration District No. 4433

Registrar's No. 18

1. PLACE OF DEATH: Putnam
 (a) County Putnam
 (b) City or town Unionville
 (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 lifetime years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Putnam
 (c) City or town Unionville 86
 (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 _____

3. (a) PRINT FULL NAME Manda Worley
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month March day 25
 year 1945 hour 12 minute 45 A.M.

4. Sex FEMALE 5. Color or race white
 6. (a) Single, widowed, married, divorced MARRIED
 6. (b) Name of husband or wife CHARLES W. WORLEY
 6. (c) Age of husband or wife if alive 70 years
 7. Birth date of deceased SEPTEMBER 3 1875
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from several yrs 1915 to March 20 1945
 that I last saw him alive on March 17 1945
 and that death occurred on the date and hour stated above.

Immediate cause of death Ch Bronchitis Duration ?

8. AGE: Years 69 Months 6 Days 22 If less than one day _____ hr. _____ min.

Due to _____
 Due to _____

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

Other conditions (include pregnancy within 3 months of death) _____

10. Usual occupation AT HOME

Major findings: Of operations _____

11. Industry or business HOUSEWORK

Of autopsy 106 to
 Underline the cause to which death should be charged statistically.

12. Name CHARLEY JUMP

13. Birthplace DONT KNOW ILLINOIS
 (City, town, or county) (State or foreign country)

14. Maiden name MARY ELIZABETH FOXTS

15. Birthplace DONT KNOW
 (City, town, or county) (State or foreign country)

16. (a) Informant Charles W. Stevens
 (b) Address Lynn Castle, No. R.F.D.

17. (a) BURIAL (b) Date thereof Mar. 29-45
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Unionville Cemetery
 18. (a) Signature of funeral director Comstock FUNERAL HOME
 (b) Address Unionville, Mo. by John D. Comstock
 19. (a) 4-21-45 (b) [Signature]
 (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? _____

While at work? _____ (Specify type of place) _____
 Means of injury _____

23. Signature [Signature] (M. D. or other) _____
 Address Unionville, Mo. Date signed 3-25-45

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

26
1
0

RECEIVED

District Health Officer No. 10

District File Number 4-45-680

Date Filed APR 13 1945

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 John N. Comstock

Licensed Embalmer No. 3891

P. O. Address Unionville, 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.