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

1. PLACE OF DEATH:

(a) County Dade

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

(c) Name of hospital or institution: none
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none
(Specify whether years, months or days)

In this community 70 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dade

(c) City or town Dadeville, Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. none
(If rural, give location)

(e) Citizen of foreign country? none (Yes or No)
If yes, name country none

3. (a) PRINT FULL NAME Willis Worley

3. (b) If veteran, name war No

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 17
year 1947 hour 11 minute P. M.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Laura Fanning Worley

6. (c) Age of husband or wife if alive 31 years

7. Birth date of deceased March 31 1872
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Mar 16, 1947, to Mar 17, 1947
that I last saw him alive on Mar 17, 1947
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>74</u>	<u>11</u>	<u>17</u>	hr. _____ min. _____

Immediate cause of death Bronchial Pneumonia 3 dy

Due to General debility

Due to Low Blood Pressure

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

10. Usual occupation Retired Machinist

Other conditions 107
(Include pregnancy within 3 months of death)

11. Industry or business Blacksmith

12. Name James Worley

13. Birthplace Pike Illinois
(City, town, or county) (State or foreign country)

Major findings: Of operations 107

Of autopsy _____

14. Maiden name Angeline Morse

15. Birthplace Pike Illinois
(City, town, or county) (State or foreign country)

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? _____

16. (a) Informant Mrs. Laura Worley

(b) Address Dadeville, Mo.

17. (a) Burial (b) Date thereof 3-20-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenfield, Mo.

While at work? _____ (Specify type of place)

(a) Means of injury U

18. (a) Signature of funeral director Sam E. Senseney Jr.

(b) Address Greenfield, Mo.

23. Signature B. B. Kirby (M. D. or other) _____

Address Dadeville Mo Date signed 3/19/47

19. (a) 3-22-47 (b) Geo. L. Winer
(Date received local registrar) (Registrar's signature)

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *Sam E. Senseney Jr*
Licensed Embalmer No. *4099*
P. O. Address..... *Greenfield, 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.