

1. PLACE OF DEATH:

(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 LIFE TIME  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State. MISSOURI (b) County. PUTNAM 86

(c) City or town. UNIONVILLE /  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location) 0

(e) Citizen of foreign country? NO (Yes or No) 0

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME. CHARLES WILLIAM WORLEY

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

4. Sex. MALE 0

5. Color or race. WHITE

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

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

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

7. Birth date of deceased. AUGUST 1 1875  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>72</u>	<u>5</u>	<u>0</u>	_____ hr. _____ min.

9. Birthplace. BUTNAM COUNTY MISSOURI 1  
(City, town, or county) (State or foreign country)

10. Usual occupation. FARMER

11. Industry or business. Farm - (Retired 10 years)

12. Name. JOE WORLEY

13. Birthplace. PUTNAM COUNTY MISSOURI 0  
(City, town, or county) (State or foreign country)

14. Maiden name. MATILDA BROWN

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

16. (a) Informant. E. Hargis W. Stevens

(b) Address. Green Castle, Mo. Rt. 2

17. (a) BURIAL (b) Date thereof. JAN. 17 1948  
(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 J. W. Gumbach

19. (a) 2-4-48 (b) Marcell Durbin  
(Date received local registrar) (Registrar's signature) (State)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JANUARY day 14  
year 1948 hour I minute 15 A. M.

21. I hereby certify that I attended the deceased from for several  
years, 19\_\_\_\_, to Jan. 14, 1948  
that I last saw him alive on Jan. 8, 1948, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_  
Ch. Cardio. Rens. Dis. unknown

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

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

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

Major findings: 131A

Of operations \_\_\_\_\_

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

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury. 0

23. Signature. Marcell Durbin (M. D. or other) 0

Address. Unionville Mo Date signed. 2/2/48

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

RECEIVED  
District Health Officer No.  
District File Number 2-41-325  
Date Filed FEB 11 1948

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 James W. Poustok  
Licensed Embalmer No. 4197  
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.