

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED APR 17 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **12987**
Registrar's No. **1551**

Registration District No. **149**

Primary Registration District No. **1002**

1. PLACE OF DEATH:

(d) County **JACKSON**
(b) City or town **KANSAS CITY**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **ROBINSON CLINIC - 2626 PASEO**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **2 days**
(Specify whether
In this community **2 YEARS**
years, months or days)

3. (a) PRINT FULL NAME **MR. JOHN WORSTELL**

3. (b) If veteran, name war **NO** 3. (c) Social Security No. **NONE**

4. Sex **MALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **WIDOWED**

(b) Name of husband or wife **MRS.** 6. (c) Age of husband or wife if alive **11** years

7. Birth date of deceased **OCTOBER 11 1869**
(Month) (Day) (Year)

8. AGE: Years **78** Months **5** Days **2827** If less than one day hr. min.

9. Birthplace **PARIS PENNSYLVANIA**
(City, town, or county) (State or foreign country)

10. Usual occupation **CARPENTER**

11. Industry or business **A.T.V SANTA FE CARS**

12. Name **UNKNOWN WORSTELL**

13. Birthplace **UNKNOWN**
(City, town, or county) (State or foreign country)

14. Maiden name **MARGARET FULTON**

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

16. (a) Informant **MRS. W. T. GARRETT**

(b) Address **5130 WOODLAND AVENUE**

17. (a) **BURIAL** (b) Date thereof **APRIL 9 1948**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **LOPERA KANSAS**

18. (a) Signature of funeral director **W. N. Newcomer**

(b) Address **1401 BRUSH CREEK BLYD.**

19. (a) **4-8-48** (b) **Staldine Holmes**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **JACKSON**
(c) City or town **KANSAS CITY**
(If outside city or town limits, write "RURAL")
(d) Street No. **5130 WOODLAND AVENUE**
(If rural, give location)
(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **APRIL** day **8TH**
year **1948** hour **1** minute **00 P.** M.

21. I hereby certify that I attended the deceased from **April 1 1948** to **April 8 1948**
that I last saw him alive on **April 8 1948**
and that death occurred on the date and hour stated above.

Immediate cause of death **Myocardial Degeneration** 5 wks.

Due to **Arteriosclerosis** 1 year
Bronchial Asthma and 1 year
Bronchiectasis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **930**

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

23. Signature **John K. Caldwell** (M. D. or other) **MD**
Address **Kansas City Mo** Date signed **4/8/48**

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

MOTHER FATHER

26-26-1965
D. M. Storey
436 E 65th St.
N.

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 Edward M. Storey
Licensed Embalmer No. 4452
P. O. Address K. C. 14 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.