

FILED JUL 28 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 22434

Registration District No. 3

Primary Registration District No. 3010

Registrar's No. 218

1. PLACE OF DEATH

(a) County Cape Girardeau
 (b) City or town Portageville
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution St. Francis Hosp.
 (If not in hospital or institution, write street number and location)
 (d) Length of stay: In hospital or institution 10 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME

Lena Pearl Worley
 3. (b) If veteran, name war 1 3. (c) Social Security No. 44

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced widowed
 6. (b) Name of husband or wife C. G. Worley 6. (c) Age of husband or wife if alive 29 years (Month) (Day) (Year)
 7. Birth date of deceased Nov 29 1897 (Month) (Day) (Year)

8. AGE: Years 50 Months 7 Days 9 If less than one day 9 hr. 1 min.

9. Birthplace Waynesboro Tenn (City, town, or county) (State or foreign country)

10. Usual occupation huf

11. Industry or business John B. Warren

12. Name John B. Warren

13. Birthplace Waynesboro Tenn (City, town, or county) (State or foreign country)

14. Maiden name William Richardson

15. Birthplace Waynesboro Tenn (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Bill Farnell

(b) Address Jackson Tenn

17. (a) Burial (b) Date thereof 7-11-48 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Portageville Cem.

18. (a) Signature of funeral director St. Louis Funeral Parlor

(b) Address Portageville, Mo

19. (a) 7-19-48 (b) C. G. Sumner (Date received local registrar) (Registrar's signature)

20. DATE OF DEATH: Month July day 9 year 1948 hour 8 minute P. M.

21. I hereby certify that I attended the deceased from July 5 1948 to July 9 1948 that I last saw her alive on July 9 1948 and that death occurred on the date and hour stated above.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Intestinal obstruction

(b) Date of occurrence 7-9-48

(c) Where did injury occur? (City or town) (County) (State) Portageville Mo

(d) Did injury occur in or about home, on farm, in industrial place, in public place? no (Specify type of place)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County New Madrid
 (c) City or town Portageville (If outside city or town limits, write "RURAL")
 (d) Street No. 0 (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 9 year 1948 hour 8 minute P. M.

21. I hereby certify that I attended the deceased from July 5 1948 to July 9 1948 that I last saw her alive on July 9 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Intestinal obstruction Duration 2 wks

Due to Adhesions

Due to Perforated duodenal ulcer 7 mo's

Other conditions Gas Congestion atro. (Include pregnancy within 3 months of death)

Major findings: none 176

Of operations none

Of autopsy none

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)

23. Signature Frank Hall, M.D. (M. D. or other) 1

Address Cape Girardeau Date signed 7-19-48

MOTHER FATHER

REIVED

Health Officer No. 4
District File Number 748-94
Date Filed 1-27-4

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 _____

W. H. Estes

Licensed Embalmer No. 3568

P. O. Address Cape Girardeau

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.