

FILED AUG 17 1948

Registration District No. 43

Primary Registration District No. 3007

State File No.

Registrar's No. 762

## 1. PLACE OF DEATH:

(a) County Butler  
 (b) City or town Poplar Bluff  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
439 South Front  
 (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  
 years, months or days)

3. (a) PRINT  
FULL NAMEJohn M. Worley3. (b) If veteran,  
name war \_\_\_\_\_

3. (c) Social Security

No. 439-03-55814. Sex M  
5. Color or  
race W6. (a) Single, widowed, married,  
divorced Married

6. (b) Name of husband or wife

Mary M. Worley6. (c) Age of husband or wife if  
alive \_\_\_\_\_ years7. Birth date of deceased Dec. 22 1897  
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day  
50 7 4 hr. min.9. Birthplace Donaphin, Mo.  
(City, town, or county) (State or foreign country)10. Usual occupation Retired Butcher

## 11. Industry or business

MOTHER FATHER { 12. Name John Moore Worley  
 13. Birthplace Missouri  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Elisa Ellen Worley  
 (City, town, or county) (State or foreign country)  
 15. Birthplace Indiana  
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mary Worley(b) Address Poplar Bluff, Mo.17. (a) Burial (b) Date thereof 7/29/48  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Poplar Bluff, Mo.18. (a) Signature of funeral director Greer Croy & Fitch(b) Address Poplar Bluff, Mo.19. (a) 8/17/48 (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler  
 (c) City or town Poplar Bluff  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 439 South Front  
 (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 26  
year 1948 hour 11 minute 55 A. M.21. I hereby certify that I attended the deceased from 15 May  
1948, to 22 July 1948  
that I last saw him alive on 22 July 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary  
decompensation due  
to myocarditis &  
chronic valvular  
heart disease.  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

Other conditions Moderate Hypertension  
(Include pregnancy within 3 months of death)

## Major findings:

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

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

Duration

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 Cynthia R. Pat (M. D. or R. N.) MD  
Address Poplar Bluff, Mo. Date signed 9/6/48

RECEIVED  
District Health Office No.  
District File Number 848-10  
Date Filed 8-16-40

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.....

*Philip J. Casserly*....., Registered Apprentice No. *108*  
working under my personal supervision.

Signed *Wallace N. Fitch*

Licensed Embalmer No. *3859*

P. O. Address *Poplar Bluff, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.