

APR 23 1940
Registration District No. 1792

State File No. _____
Registrar's No. 9

Primary Registration District No. 5941

1. PLACE OF DEATH:

(a) County Pulaski
(b) City or town Rural - Liberty, Mo.
(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 2
(Specify whether years, months or days)

8. (a) PRINT FULL NAME Stanley Worthy
30
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Boy 5. Color or race white 6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased March 20 1940
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 0 0 7 hr. 0 min.

9. Birthplace Liberty, Pulaski Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business At Home

MOTHER FATHER
12. Name Sherman Worthy
13. Birthplace Blue Eye Mo
(City, town, or county) (State or foreign country)
14. Maiden name Clara Nellie Norton
15. Birthplace Camden Co Mo
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Sherman Worthy
(b) Address Richland, Mo.

17. (a) Int Union Burial (Burial, cremation, or removal) Date thereof March 21/1940
(Month) (Day) (Year)
(c) Place: burial or cremation Burial, Mt Union Mo

18. (a) Signature of funeral director none
(b) Address _____

19. (a) March 21/1940 (Date received local registrar) Owett A. Oliver (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pulaski
(c) City or town Rural - Liberty,
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 20
year 1940 hour 12 minute 30 P.M.
21. I hereby certify that I attended the deceased from March 20, 1940, to March 20, 1940, that I last saw him alive on March 20, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death Congenital Debility Duration 7 hours
Due to Poverty of mother

Due to _____
Other conditions 128
(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

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? 646
(Specify type of place) (e) Means of injury _____

23. Signature Owett A. Oliver (M. D. or other) 1
Address Richland Mo Date signed 3-21-40

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

APR 1 1951

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.

District Health Officer No. 5,

District File Number 440 417

Date Filed 4/1/40

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.