

FILED

Registration District 399 Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution St. Lukes
(d) Length of stay: In hospital or institution 8 days
In this community 8 days

3. (a) PRINT FULL NAME William Henry Worley
3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced ✓
6. (b) Name of husband or wife ✓ 6. (c) Age of husband or wife if alive years
7. Birth date of deceased Dec. 12 1940

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

9. Birthplace Kansas City Mo.

10. Usual occupation Infant

11. Industry or business 6
12. Name Wm Henry Worley
13. Birthplace Joplin Mo
14. Maiden name Katherine Brown
15. Birthplace Heckman Mills Mo.

16. (a) Informant Wm H. Worley
(b) Address 3322 Meruington, K.C., Mo.

17. (a) Burial (b) Date thereof Dec 21, 1940
(c) Place: burial or cremation Noland Cemetery

18. (a) Signature of funeral director E. H. George & Sons
(b) Address Granville, Mo.

19. (a) 12-20-40 (b) M. M. Brown

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(d) Street No. 3322 Meruington
(e) If foreign born, how long in U. S. A.?

20. DATE OF DEATH: Month Dec day 20
year 1940 hour 1 minute 45 A.M.
21. I hereby certify that I attended the deceased from 12-12, 1940 to 12-20, 1940
that I last saw him alive on 12-19, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction
Due to 15 min

Due to 15 min

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations 6
Of autopsy 6

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) 3/61
(b) Date of occurrence 12/20/40
(c) Where did injury occur? 3/61
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 3/61

23. Signature [Signature] (M. D. or other) 7/20/40
Address [Signature] Date signed: 12/20/40

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

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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..... *A. H. George*.....

Licensed Embalmer No. *3645*.....

P. O. Address..... *Grandview, Pa.*.....

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.