No. 2
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FILED FEB 18 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1358

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 318

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 807 Kensington /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no (Specify whether
In this community 13 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48 3

(c) City or town Kansas City, Mo. 8
(If outside city or town limits, write "RURAL")

(d) Street No. 807 Kensington
(If rural, give location)

(e) If foreign born, how long in U. S. A.? no years.

3. (a) PRINT FULL NAME Mrs. Alice Serepta Worsley

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Fem.

5. Color or race White

6. (a) Single, widowed, married, divorced 2 Widowed

6. (b) Name of husband or wife Henry Harrison Worsley

6. (c) Age of husband or wife if alive dec. years

7. Birth date of deceased 7 (Month) 17 (Day) 1851 (Year)

8. AGE:

Years	Months	Days	If less than one day
89	6	3	hr. min.

9. Birthplace Emmetsburg. (City, town, or county) Md. / (State or foreign country)

10. Usual occupation Housewife

11. Industry or business xx

FATHER
12. Name William Smith
13. Birthplace N R (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Elizabeth Kiner
15. Birthplace N R (City, town, or county) 9 (State or foreign country)

16. (a) Informant Mrs. Arch Smith
(b) Address 86 & Fremont

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1/22/41 (Month) (Day) (Year)
(c) Place: burial or cremation Clay Center, Kans.

18. (a) Signature of funeral director John P. Sheil
(b) Address 6606 Indep. Ave., K. C. Mo.

19. (a) Jan 21, 1941 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 20
year 1941 hour 8 minute 40 P M.

21. I hereby certify that I attended the deceased from June 1939, 19..., to Jan 8, 1941
that I last saw her alive on Jan 8, 1941;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Myocarditis	10 yrs.
Due to Arteriosclerosis	
Due to age 89 yrs old.	
Other conditions None — 93 P (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?
(Specify type of place)
While at work? (e) Means of injury D

23. Signature M B Casebolt (M. D. or other)
Address 925 Argyle Bldg K.C. Mo. Date signed 1-21-41

(Licensed Embalmer's Statement on Reverse Side)

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 Myself

..., Registered Apprentice No. ...

working under my personal supervision.

Signed John P. O'Leil

Licensed Embalmer No. 3625

P. O. Address Kansas City M

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

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