

FILED APR 13 1942
Registration District No. 668

Primary Registration District No. 3032

1. PLACE OF DEATH:

(a) County Pittsburg
(b) City or town Sedalia, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1324 So Grand
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 35 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME NANCY ANN WORRALL

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex Female 5. Color or White 6. (a) Single, widowed, married, divorced Wid.
6. (b) Name of husband or wife. A.W. Worrall 6. (c) Age of husband or wife if alive. years
7. Birth date of deceased. Feb 7 1860 (Month) (Day) (Year)

8. AGE: Years 82 Months 1 Days 2 If less than one day hr. min.

9. Birthplace Quincy, Ill. (City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business

12. Name Eli Jackson
13. Birthplace Ind. (City, town, or county) (State or foreign country)
14. Maiden name Worrall
15. Birthplace Ill. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. J. J. Wolf
(b) Address 1324 So Grand Sedalia
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-12-42 (Month) (Day) (Year)
(c) Place: burial or cremation Mem. Park

18. (a) Signature of funeral director Ed. A. ...
(b) Address Sedalia, Mo.
19. (a) 3/12/42 (Date received local registrar) (b) Mrs. Anna Berger (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pittsburg
(c) City or town Sedalia (If outside city or town limits, write "RURAL")
(d) Street No. 1324 So Grand (If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 10 year 1942 hour 1 minute 10 AM

21. I hereby certify that I attended the deceased from 1-5- 1940 to 3-10 1942
that I last saw him alive on 3-10- 1942
and that death occurred on the date and hour stated above.
Immediate cause of death.

Due to Cerebral Thrombosis

Due to

Other conditions (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 Alfred E. ... (M. D. or other) 0
Address 1114 14 Sedalia Mo Date signed 3-22-42

1022 (Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

File Number.....

Date Filed 4-10-42

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.....

L. E. Boulton

Licensed Embalmer No.

3867

P. O. Address.....

Seaside, Mo.

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.