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S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. .....

FILED FEB 25 1943

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 592

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

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: Union Station H.C. no. 3 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution — (Specify whether In this community 25 years years, months or days)

2. USUAL RESIDENCE OF DECEASED: 499

(a) State Kansas (b) County Wyandotte

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

(d) Street No. 217 N. 13th St (If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country 2

3. (a) PRINT FULL NAME Ross L. Worley

3. (b) If veteran, name war no

3. (c) Social Security No. 703-03-9563

4. Sex M

5. Color or race W

6. (a) ~~Single, widowed~~, married, ~~divorced~~ married

6. (b) Name of husband or wife Nellie B. Worley

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased Mar (Month) 28 (Day) 1879 (Year)

8. AGE: Years 63 Months 10 Days 4 If less than one day ..... hr. ..... min.

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

10. Usual occupation Fateman

11. Industry or business K.C. Terminal

FATHER
12. Name Oscar Worley
13. Birthplace Woodland California (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Caroline Chandler
15. Birthplace ..... (City, town, or county) Ohio (State or foreign country)

16. (a) Informant Mrs Nellie B. Worley

(b) Address 217 N. 13th St

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 2-5-43 (Month) (Day) (Year)

(c) Place: burial or cremation Mt Hope K.C.K.

18. (a) Signature of funeral director Gibson Son

(b) Address [illegible]

19. (a) 2-4-43 (Date received local registrar) (b) M M Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 2 year 1943 hour 9 minute P M.

21. I hereby certify that I attended the deceased from ....., 19..., to ....., 19.....; that I last saw h... ..... 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death Hypertrophy and dilatation of heart — Duration

Due to

Due to Acute Pulmonary Edema

Other conditions (Include pregnancy within 3 months of death) 95 c

Major findings:
Of operations

Of autopsy See Above

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

23. Signature A E Upsher (M. D. or other) M.D.

Address 23rd Mc Coy Date signed 2/8/43

(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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Phil. E. Tibor

Licensed Embalmer No. 3135

P. O. Address Kansas City, Kans.

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.