S. No. 2
M—5-42
v. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED APR 9 1943 318

State File No. 8943

Registration District No. ..... Primary Registration District No. 1003 Registrar's No. 3050

1. PLACE OF DEATH:

(a) County .....

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

(c) Name of hospital or institution:
Deaconess Hospital 0
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED: 70

(a) State Missouri (b) County Montgomery 0

(c) City or town New Florence 0 N.R.
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? no (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME John Archie Worley

3. (b) If veteran, name war None

3. (c) Social Security No. none

4. Sex M

5. Color or race W 0

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Alta Mae Warley

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased June (Month) 1 (Day) 1869 (Year)

8. AGE: Years 73 Months 9 Days 27 If less than one day ..... hr. ..... min.

9. Birthplace New Florence (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Farmer

11. Industry or business .....

FATHER
12. Name Thomas Warley
13. Birthplace ..... (City, town, or county) Kentucky 1 (State or foreign country)

MOTHER
14. Maiden name Ellen Greenwell
15. Birthplace ..... (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant Alta Mae Warley
(b) Address New Florence, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/31/43 (Month) (Day) (Year)
(c) Place: burial or cremation New Florence, Mo.

18. (a) Signature of funeral director Albert H. Hoppe Inc.
(b) Address 4700 Washington Blvd.

19. (a) MAR 30 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 28
year 1943 hour 12 minute 20 M.

21. I hereby certify that I attended the deceased from March 22, 1943 to March 28, 1943
that I last saw him alive on 3/22/43, 19....;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	6 days
~~Due to~~ Diabetes	many years
Due to	
Other conditions (Include pregnancy within 3 months of death)	

61

Major findings:
Of operations .....
Of autopsy .....

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 H. H. Goodrich M.D. (M.D. or other)
Address 19 E Lockwood Date signed 3/29/43

(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 Sig W Wilkinson

Licensed Embalmer No. 3575

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, fact should be so stated above.