

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED MAY 20 1942

Registration District No. 322

Primary Registration District No. 3071

Registrar's No. ....

1. PLACE OF DEATH:

(a) County Saline  
(b) City or town Slater  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
305 E Emma  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. (Specify whether  
In this community 4 yr (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Saline  
(c) City or town Slater  
(If outside city or town limits, write "RURAL")  
(d) Street No. 305 E Emma  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME LIZZIE LEE WORLEY

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

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced, Widowed  
6. (b) Name of husband or wife Charles E Worley 6. (c) Age of husband or wife if alive 42 years  
7. Birth date of deceased Aug - 13 - 1862  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
79 8 8 hr. min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER { 12. Name Joel Johnson  
13. Birthplace unknown 9  
(City, town, or county) (State or foreign country)  
14. Maiden name Danson  
15. Birthplace unknown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Otis Van Hinkle  
(b) Address Slater Mo

17. (a) Burial (b) Date thereof Apr - 23 - 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ridge Park Cem, Marshall Mo

18. (a) Signature of funeral director Harry Hershelgen  
(b) Address Marshall Mo

19. (a) (b) Mrs John Giger  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 21  
year 1942 hour 4 minute 35 P. M.

21. I hereby certify that I attended the deceased from July 14 1942 to April 20 1942  
that I last saw her alive on April 20 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Obs.  
Coronary Obs.

Due to Intermittent nephritis  
Due to Artery sclerosis  
Other conditions Hypertension  
(Include pregnancy within 3 months of death)

Major findings: Of operations None  
Of autopsy None

Duration  
2/14/42  
2/14/42  
2/14/42  
2/14/42  
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) No  
(b) Date of occurrence No  
(c) Where did injury occur? (City or town) (County) (State) No  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? No

While at work (Specify type of place) (a) Means of injury 0

23. Signature J. P. Bellwood (M. D. or other)  
Address Slater Mo Date signed 4/25/42

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

5-15-43

**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 *Fred W. Wilkerson*  
Licensed Embalmer No. *2478*  
P. O. Address *Clinton 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.**