

No. 2-43
17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

DR. SHARP
STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41768

State File No.

Registration District No. 41 Primary Registration District No. 4054 Registrar's No.

1. PLACE OF DEATH:
(a) County BUCHANAN
(b) City or town RUSHVILLE
(c) Name of hospital or institution: none
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no
In this community 1 YEAR
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County BUCHANAN
(c) City or town RUSHVILLE
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME JAMES PRESTON WORREL
(b) If veteran, name war NONE
(c) Social Security No. NONE

4. Sex MALE 5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife MELLIE SUSAN KEENE WORREL
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased OCT. 19-1871
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
72 2 0 hr. min.

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

10. Usual occupation OWNER- RESORT

11. Industry or business

MOTHER FATHER { 12. Name JOHN WYLIE WORREL

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

14. Maiden name SUSAN BUNTON

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

16. (a) Informant Mrs. J. P. Worrel

(b) Address RUSHVILLE, MO.

17. (a) BURIAL (b) Date thereof 12-21-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ARMSTRONG CEMETERY - RUSHVILLE

18. (a) Signature of funeral director Wm. Stanton

(b) Address ATCHISON, KANSAS

19. (a) 12/21/43 (b) Opal E. Pearson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC. day 19TH
year 1943 hour 12 minute 30 P.M.

21. I hereby certify that I attended the deceased from Nov. 1st
1942 to Feb 18 1943
that I last saw h. IM. alive on Dec 19th 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Nephritis Duration
Bright's Disease

Due to
Due to

Other conditions (Include pregnancy within 3 months of death)

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?
SHVILLE

While at work? (Specify type of place) (e) Means of injury

23. Signature A. Sharp (M. D. or other)

Address Rushville Mo Date signed 12-19-43

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..... *Wm. S. Cantu*.....

Licensed Embalmer No. 3778.....

P. O. Address ATCHISON, KAN......

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.

THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. Jan.
 Registrar's No. _____

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:
 (a) County Buchanan
 (b) City or town Rushville
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: _____

(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) 1 yr.

3. (a) PRINT FULL NAME James P. Worrel
 3. (b) If veteran name war _____ 3. (c) Social Security No. _____

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ year

7. Birth date of deceased Oct. 19 - 1943
(Month) (Day) (Year)

8. AGE: Years 72 Months _____ Days _____ If less than one day _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

13. Birthplace _____
(City, town, or county) (State or foreign country)

14. Maiden name _____

15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State _____ (b) County _____

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

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

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec year 1943 day _____ minute _____ M.

21. I hereby certify that I attended the deceased from June 1 - 1943 to Nov 18 1943; that I last saw him alive on Nov 18 1943; and that death occurred on the date and hour stated above.
 Immediate cause of death _____

Due to Respiritis
Bright's disease
chronic

Due to _____
 Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____
131 h
 Of autopsy _____

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 A. Sharpe (M. D. or other) _____
 Address Rushville Mo Date signed _____

SUPPLEMENTARY

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

MOTHER FATHER

Duration _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

5-41768