S. No. 2
M—5-43
5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 3407

FILED JAN 21 1946

Registration District No. 5791

Primary Registration District No. 5791-5792

Registrar's No. 1

1. PLACE OF DEATH:

(a) County Moniteau

(b) City or town Rural Harrison-Twp
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 4 Mi-West-High-Point
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Moniteau 68

(c) City or town Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. 4-Mi W-High Point 0
(If rural, give location)

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

If yes, name country —

3. (a) PRINT FULL NAME Roy-Halo-Worthley

3. (b) If veteran, name war World-I

3. (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 Barcie-Worthley

6. (c) Age of ~~husband~~ or wife if alive 57 years

7. Birth date of deceased May (Month) 27 (Day) 1892 (Year)

8. AGE:

Years	Months	Days	If less than one day
53	7	12	— hr. — min.

9. Birthplace Moniteau-Co (City, town, or county) Mo (State or foreign country)

10. Usual occupation Farming

11. Industry or business Farm-

FATHER
12. Name Charley-Green-Worthley
13. Birthplace Moniteau-Co (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Katio-Jan-Amos
15. Birthplace Cole-Co (City, town, or county) Mo (State or foreign country)

16. (a) Informant Barcie-Worthley
(b) Address Barnett Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-11-46 (Month) (Day) (Year)
(c) Place: burial or cremation Dooley-Cem-

18. (a) Signature of funeral director Keith McKays
(b) Address Eldon Mo

19. (a) 1/10/46 (Date received local registrar) (b) C.H. Nail (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 9 year 1946 hour 7 minute 40 A.M.

21. I hereby certify that I attended the deceased from Nov. 15, 1945, to Jan. 9, 1946; that I last saw him alive on Jan. 9, 1946; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Occlusion	30 Min
Due to Hypertention	2 Yrs.
Due to X	
Other conditions Hypostatic Pneumonia (Include pregnancy within 3 months of death)	4 Days

Major findings:
Of operations X
Of autopsy X

940

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
(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 E. L. Shelton (M. D. ~~or other~~)
Address Eldon Mo Date signed 1/10/46

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 1-14-46

MAR 11 1946

MAR 22 1946

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 Keith M. Kays

Licensed Embalmer No. 3998

P. O. Address Eldon 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.