

FILED AUG 26 1946

Registration District No. **6**

Primary Registration District No. **5241**

1. PLACE OF DEATH:

(a) County **Cedar**
(b) City or town **Rural-Madison Township**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **XXXXXX**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **XXXX** (Specify whether
In this community **All of life** years, months or days)

3. (a) PRINT FULL NAME **JAMES A. WORLEY**

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

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **M**
6. (b) Name of husband or wife **Louesia Worley** 6. (c) Age of husband or wife if alive **72** years
7. Birth date of deceased **September 24, 1871**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 9 18 X hr. X min.

9. Birthplace **Texas County Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farming**

11. Industry or business **XXXXXX**

12. Name **James H. Worley**
13. Birthplace **XX Tennessee**
(City, town, or county) (State or foreign country)
14. Maiden name **Evelyn Venerable**
15. Birthplace **XXXX Tennessee**
(City, town, or county) (State or foreign country)

16. (a) Informant **Clara Worley**
(b) Address **Stockton Mo**
17. (a) Burial **Stockton City Cemetery**
(Burial, cremation, or removal) (b) Date thereof **7-14-1946**
(Month) (Day) (Year)
(c) Place: burial or cremation **CHURCH AND NEALE**

18. (a) Signature of funeral director **Stockton, Missouri**
(b) Address **7-31-46**
19. (a) **7-31-46** (b) **Geneva Garrison**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Cedar**
(c) City or town **Stockton**
(If outside city or town limits, write "RURAL")
(d) Street No. **XXXX**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **XXXXXX**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **7** day **12**
year **46** hour minute M.
21. I hereby certify that I attended the deceased from **6-7-43**, 19, to **7-8-46**
that I last saw him alive on **7-8-46**
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Thrombosis**
Arteriosclerosis
Due to **Arteriosclerosis**
Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

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 **Wm H. Richler** (M. D. or other)
Address **Stockton** Date signed **7-29-46**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED
District Health Officer No. 7.
Date Filed 7-46-790
8-5-46

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 Melvin Churchill
Licensed Embalmer No. 3272
P. O. Address Slovakia 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.