

I X38671

FILED OCT 16 1948

Registration District No. 1002 Primary Registration District No. 1002

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

32003

1. PLACE OF DEATH:
 (a) County Jackson
 (b) City or town Kansas City
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: General Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 8 days
 In this community as above, 8 days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Pettis
 (c) City or town Sedalia
 (If outside city or town limits, write "RURAL")
 (d) Street No. 810 East 15th Street,
 (If rural, give location)
 (e) Citizen of foreign country? no. (Yes or No)
 If yes, name country X

3. (a) PRINT FULL NAME Charles Worley
3. (b) If veteran, WORLD WAR #2
 name war no.
3. (c) SOCIAL Security No. unknown

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month October day 2
 year 1946 hour 4:35 minute P. M.

4. Sex male **5. Color or race** white
6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife unknown
6. (c) Age of husband or wife if alive X years
7. Birth date of deceased. November 27 1916
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from born 19... to... 19...
 that I last saw h... alive on... 19...
 and that death occurred on the date and hour stated above.
 Immediate cause of death: Skull Fracture

8. AGE:	Years	Months	Days	If less than one day
	<u>29</u>	<u>10</u>	<u>25</u>	hr. min.

Due to Fractured Ribs
 Due to Bruises & Contusions
 Other conditions none collision.
 (Include pregnancy within 3 months of death)
(Car turned over into a ditch)

9. Birthplace Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Glass Factory
11. Industry or business X

Major findings: 1702-8
28
History of Trauma
 Of operations: _____

MOTHER { **12. Name** A. M. Worley
13. Birthplace Missouri (City, town, or county) (State or foreign country)
14. Maiden name Minnie Lee Hays
15. Birthplace Missouri (City, town, or county) (State or foreign country)

Of autopsy: no
22. If death was due to external causes, fill in the following:

16. (a) Informant A. M. Worley
(b) Address 1931 N. 25th St., K. C., Mo.
17. (a) removal (b) Date thereof 10-3-46
 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Sedalia, Missouri
18. (a) Signature of funeral director Stine & McClure,
(b) Address 3235 Gillham Plaza, K. C., Mo.
19. (a) 10-3-46 (b) Geraldine Holmes
 (Date received local registrar) (Registrar's signature)

(a) Accident, suicide, or homicide (specify) accident
 (b) Date of occurrence 9-24-46
 (c) Where did injury occur? 100 Jackson Ave
 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public place
 While at work? no (Specify type of place) (e) Means of injury Auto Trauma
23. Signature Janell Walker (M. D. or other) 3
Address 1424 1/2 W. 11th **Date signed** 10-3-46

DEC 2 1946

FEB 20 1953

OCT 24 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 *J. Clair Shippard*
.....
Licensed Embalmer No. *4179*
P. O. Address *H. C. Moore*

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.