

FILED JUN 30 1947

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 771

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Joseph's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day (Specify whether
In this community 25 years. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 411 1/2 N. 17th Street
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME (Worstell) Alma W. Farwell

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female / 5. Color or race White 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Guy G. Farwell 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased. December 9 1865
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
✓ About 81 6? 3? hr. min.

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

10. Usual occupation At home

11. Industry or business _____

12. Name Cary. Worstell

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

14. Maiden name Nancy S. Worstell

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

16. (a) Informant Mrs. Nona Swartz

(b) Address 411 1/2 N. 17th St., St. Joseph, Mo.

17. (a) Removal (b) Date thereof June 16, 1947.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Hope Cem. Joplin, Missouri

18. (a) Signature of funeral director Walter Meierhoffer

(b) Address 1946 Colhoun St., St. Joseph, Mo.

19. (a) 6-23-47 (b) G. B. Jenkins
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 12
year 1947 hour 8 minute 00P. M.

21. I hereby certify that I attended the deceased from June 10 1947 to June 12 1947
that I last saw h. or alive on June 12 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 2 days

Due to arteriosclerotic

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?

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

23. Signature Walter Meierhoffer (M. D. or other)

Address 620 2nd St. Date signed 6/13/47

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

MOTHER FATHER

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 *Albert C. Harrington*
Licensed Embalmer No. *3268* Missouri

P. O. Address *St. Joseph, 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.