

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUSTHE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

Registrar's No. .... 366

FILED NOV 10 1947

Registration District No. 374

Primary Registration District No. 3052

## 1. PLACE OF DEATH:

(a) County Pettis  
 (b) City or town Sedalia  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Bothwell Hospital  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution  
 In this community ten years in Sedalia  
 years, months or days

3. (a) PRINT FULL NAME Mrs. Alma Carver Worthley

3. (b) If veteran, name war none  
 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 Gilbert Worthley  
 6. (c) Age of husband or wife if alive 54 years  
January 25, 1896

7. Birth date of deceased  
 (Month) (Day) (Year)

8. AGE: Years 51 Months 9 Days 3  
 If less than one day  
 hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name Silas B. Carver  
 13. Birthplace Morgan County, Mo.  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Lavisa Cramer  
 15. Birthplace Morgan County, Mo.  
 (City, town, or county) (State or foreign country)

16. (a) Informant Gilbert Worthley (husband)  
 (b) Address 1315 South Prospect, Sedalia, Mo.

17. (a) Burial (b) Date thereof 10/30/47  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Maune Ewing  
 (b) Address Sedalia, Mo.

19. (a) 10/29/47 (b) Bettigheimer  
 (Date received local registrar) (Registrar's signature)

## 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. 1315 South Prospect  
 (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 28  
 year 1947 hour 11:50 minute A. M.

21. I hereby certify that I attended the deceased from  
Oct 24, 1947, to Oct 28, 1947  
 that I last saw him alive on Oct 28, 1947  
 and that death occurred on the date and hour stated above.

Immediate cause of death  
Acute Intestinal obstruction Duration 3 days

Due to Appendicitis acute  
perforated 1 week

Due to 12

Other conditions  
 (Include pregnancy within 3 months of death)

Major findings:  
 Of operations Appendix gangrenous  
Cecum to illium showed  
impaired circulation.  
 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) Mode 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 Chas D. Home (M. D. or other)  
Sedalia Address Date signed 10/29/47

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 8.

District File Number

Date Filed 11-6-47

*Dr. Astor*  
*113 1/2 E. 4th*

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.....

Harven K Dietz, Registered Apprentice No. 70  
working under my personal supervision.

Signed

*Phane Ewing*

Licensed Embalmer No.

3847

P. O. Address

*Salvia 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.