No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 17 1948

Registration District No. 338

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6148

State File No. 39112

Registrar's No. 32

1. PLACE OF DEATH:
(a) County: Stoddard
(b) City or town: Aid
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(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: 51 years

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

3. (a) PRINT FULL NAME: Robert Franklin Worley
3. (b) If veteran, name war:
3. (c) Social Security No.

4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Ulva Jane Worley
6. (c) Age of husband or wife if alive: 71 years
7. Birth date of deceased: April (Month) 16th (Day) 1871 (Year)

8. AGE: Years 77 | Months 6 | Days 22 | If less than one day: hr. min.

9. Birthplace: Butler County (City, town, or county) Kentucky (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business:
12. Name (Father): Leander Worley
13. Birthplace (Father): Butler County (City, town, or county) Kentucky (State or foreign country)
14. Maiden name (Mother): Elizabeth Young
15. Birthplace (Mother): Kentucky (City, town, or county) (State or foreign country)
16. (a) Informant: Ulva Jane Worley
(b) Address: Aid, Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof: 11-11-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Hill Cemetery
18. (a) Signature of funeral director: Watkins Fun. Ser. Inc.
(b) Address: Dexter, Mo.
19. (a) 11-13-48 (Date received local registrar) (b) Rose Webber (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 8th year 1948 hour 5 minute 10 a.m.
21. I hereby certify that I attended the deceased from Nov 4, 1948, to Nov 7, 1948, that I last saw him alive on Nov 7, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death: Bronchopneumonia — Duration: 3 days
Due to:
Due to:
Other conditions (Include pregnancy within 3 months of death):
Major findings: Of operations: None performed
Of autopsy: None performed

PHYSICIAN — Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury

23. Signature: D. A. Jones (M. D. or other) MD
Address: Bloomfield Mo Date signed: Nov 9, 1948

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 1148-1545
Date Filed 11-15-48

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 Walter Marsh Watkins Registered Apprentice No. 255, working under my personal supervision.

Signed Lyman Steele

Licensed Embalmer No. 2476

P. O. Address Dexter 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.