

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

LED FEB 8 1943

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

3827

State File No. _____

Registration District No. 369Primary Registration District No. 4538Registrar's No. 1

1. PLACE OF DEATH:

(a) County Wayne
 (b) City or town Piedmont
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community 45 years years, months or days

3. (a) PRINT FULL NAME

Joseph Edward Worley

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male5. Color or race White6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years (Day) (Year)

7. Birth date of deceased Oct. (Month)4 (Day) 1878 (Year)

8. AGE:

Years

Months

Days

If less than one day

6432

hr. min.

9. Birthplace

Piquette, Mo. (City, town, or county)Mo. (State or foreign country)

10. Usual occupation

Carpenter

11. Industry or business

MOTHER FATHER

12. Name

Andrew Worley

13. Birthplace

Tenn. (City, town, or county)1 (State or foreign country)

14. Maiden name

Martha Linker

15. Birthplace

Chesler (City, town, or county)Ill. (State or foreign country)16. (a) Informant's own signature Joe E. Worley(b) Address Piedmont, Mo.17. (a) Burial (Burial, cremation, or removal)(b) Date thereof Jan. 8, 1943 (Month) (Day) (Year)(c) Place: burial or cremation Masonic Cemetery, Piedmont18. (a) Signature of funeral director William G. Galt(b) Address Piedmont, Mo.19. (a) Feb. 2, 1943 (Date received local registrar)(b) MRS. LOTTIE MANNS (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Wayne
 (c) City or town Piedmont (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) If foreign born, how long in U. S. A? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 6th year 1943 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Sept. 1942 to Jan. 6 1943
 that I last saw him alive on Jan. 6 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death

Carcinoma of
Rectum

Due to _____

Due to _____

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations _____

Of autopsy Yes

Duration

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 C. S. Jones (M. D. or other) Address Piedmont, Mo. Date signed 7-8-43

VED

District Health Officer No. 4

District File Number 243-165

Date Filed 2-5-43

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

Coder Funeral Home

Registered Apprentice No.

working under my personal supervision.

Signed

William Coder

Licensed Embalmer No. 3723

P. O. Address *Piedmont, 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, above space should be left blank.