

Registration District No. 178

Primary Registration District No. 4024

Registrar's No. 50

**DIED NOV 19 1940**

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

1. PLACE OF DEATH:

(a) County Larton  
(b) City or town Lamar  
(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)  
In this community 40 yrs  
years, months or days

3. (a) PRINT FULL NAME Michael Workman

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

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

6. (b) Name of husband or wife Lois Workman 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Nov 27th, 1851  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
88 10 22 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Atchinson Co. Mo. (City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business \_\_\_\_\_

12. Name John Workman  
13. Birthplace unknown (City, town, or county) (State or foreign country)

14. Maiden name Mary Jane Wyrick  
15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Ida Eckert  
(b) Address Lamar, Mo.

17. (a) burial (b) Date thereof 10-22-40  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Lake Cemetery

18. (a) Signature of funeral director River funeral home  
(b) Address Lamar, Mo.

19. (a) Oct-22-1940 (b) Mrs Josephine Myrath  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Larton  
(c) City or town Lamar (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 Oct 19th day \_\_\_\_\_  
year 1940 hour 6 minute PM

21. I hereby certify that I attended the deceased from Oct. 3, 1940  
19 \_\_\_\_\_ to Oct. 19, 1940  
that I last saw him alive on Oct. 19, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Auricular Fibrillation  
Broncho-pneumonia Duration 3 days  
1 day

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

PHYSICIAN  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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?

40 (Specify type of place) \_\_\_\_\_  
While at work (e) Means of injury \_\_\_\_\_  
23. Signature Tom T. Biskel (M. D. or other) M.D.  
Address Lamar, Mo. Date signed Oct. 20, 1940

RECEIVED

District Health Officer No. 6,

District File Number, 1140-2838

Date Filed NOV 8 1940

**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 *W. O. Power*

Licensed Embalmer No. 3141

P. O. Address Lamar, 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.