

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

7895

FILED MAR 25 1941

Registration District No. 12

Primary Registration District No. 5941

State File No.

Registrar's No. 6

1. PLACE OF DEATH

(a) County Pulaski
(b) City or town Richland
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Liberty
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Life
(Specify whether years, months or days)

3. (a) PRINT FULL NAME ELMER WORKMAN

3. (b) If veteran, name war No. 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 Queen Workman 6. (c) Age of husband or wife if alive 35 years
7. Birth date of deceased May 24, 1898
(Month) (Day) (Year)

8. AGE: Years 42 Months 8 Days 12 If less than one day hr. min.

9. Birthplace Jacksonville (City, town, or county) MO. (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER { 12. Name George Workman
13. Birthplace Jacksonville (City, town, or county) MO. (State or foreign country)
14. Maiden name Mary Linnell
15. Birthplace Jacksonville (City, town, or county) MO. (State or foreign country)

16. (a) Informant Elmer Workman

(b) Address Richland MO.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 7, 1941
(Month) (Day) (Year)

(c) Place: burial or cremation Oak Lawn

18. (a) Signature of funeral director R. B. Decker

(b) Address Richland MO.

19. (a) Feb 7, 1941 (Date received local registrar) (b) Govt. A. Oliver (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pulaski
(c) City or town Richland
(If outside city or town limits, write "RURAL")
(d) Street No. Liberty
(If rural, give location)
(e) If foreign born, how long in U. S. A.?

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 6th
year 1941 hour 4 minute 30 P. M.

21. I hereby certify that I attended the deceased from 19 to 19

that I last saw him alive on 19 and that death occurred on the date and hour stated above.

Immediate cause of death Drowning

Due to falling out of boat while by himself
Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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) Accident
(b) Date of occurrence Feb. 6th, 1941
(c) Where did injury occur? Near Richland, Pulaski, MO
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
near his home

While at work? no (Specify type of place) (e) Means of injury

23. Signature G. M. Waller (M. D. or other) 3
Address Richland, MO Date signed 2-7-41

RECEIVED
District Health Officer No. 5,
Dist. 341832

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

R. B. Leeper

Licensed Embalmer No.

3198

P. O. Address

Richland 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.