

No. 2
-13-40
17-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **25083**

FILED AUG 15 1941

Registration District No. _____

Primary Registration District No. **2001**

Registrar's No. **541**

1. PLACE OF DEATH:
 (a) County **GREENE**
 (b) City or town **Springfield**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **Springfield, Baptist Hospital**
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **0** (Specify whether _____)
 In this community _____
years, months or days

3. (a) PRINT FULLNAME **Lawren Workman**
 3. (b) if veteran, name war **Unknown**
 3. (c) Social Security No. **Unknown**

4. Sex **Male** 5. Color or race **White**
 6. (a) Single, widowed, married, divorced **Married**
 6. (b) Name of husband or wife **Marguerite Workman**
 6. (c) Age of husband or wife if alive **Unknown** years
 7. Birth date of deceased **Unknown**
(Month) (Day) (Year)

8. AGE: Years **About 24** Months _____ Days _____ If less than one day _____
hr. min.

9. Birthplace **Mt. Grove, Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Unknown**

11. Industry or business _____

MOTHER FATHER { 12. Name **Virgil Workman**
 13. Birthplace **Unknown Unknown**
(City, town, or county) (State or foreign country)
 14. Maiden name **Unknown**
 15. Birthplace **Unknown Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Marguerite Workman**
 (b) Address **Brushy Knob, Missouri**

17. (a) **Burial** (b) Date thereof: **7/5/41**
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Eastlawn Cemetery**

18. (a) Signature of funeral director **Alma Lohmeyer** **Springfield, Missouri**
 (b) Address _____

19. (a) **7-5-41** (b) **W. E. Haudley**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: **034**
 (a) State **Missouri** (b) County **Douglas**
 (c) City or town **Brushy Knob,** **0**
(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.? **1** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **3rd**
 year **1941** hour **10:45** minute _____ P.M.
 21. I hereby certify that I attended the deceased from **June 25** to **July 3**, 19**41**
 that I last saw him alive on **July 3**, 19**41**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Peritonitis**
 Due to **Peritonitis**
 Due to **Appendicitis**
 Other conditions **12-2**
(Include pregnancy within 3 months of death)

Major findings: **Supp Peritonitis Perforated Appendix**
 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) _____
 (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 _____
 Signature **James E. Neary** (M. D. or other) **MD**
 Date signed _____

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

(Licensed Embalmer's Statement on Reverse Side)

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.....

Wayne Humble

Licensed Embalmer No.....

3444

P. O. Address.....

Springfield

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

X