S. No. 2
M—9-4-41
v. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18607

FILED JUN 15 1942

Registration District No. 0829 | Primary Registration District No. 4363 | Registrar's No. 63

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

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1. PLACE OF DEATH:

(a) County: Newton

(b) City or town: Neosho Mo. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Sale-Bowman (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 1 week (Specify whether years, months or days) In this community: 24 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Newton

(c) City or town: "Rural" Neosho (If outside city or town limits, write "RURAL")

(d) Street No.: Rt. 4 (If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country:

3. (a) PRINT FULL NAME: John Carl Workman

3. (b) If veteran, name war:

3. (c) Social Security No.: none

4. Sex: Male

5. Color or race: W.

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Mabel Ferry

6. (c) Age of husband or wife if alive: 60 years

7. Birth date of deceased: June (Month) 29 (Day) 1871 (Year)

8. AGE: Years 70 | Months 10 | Days 2 | If less than one day: hr. min.

9. Birthplace: Wisconsin (City, town, or county) (State or foreign country)

10. Usual occupation: Farmer

11. Industry or business:

FATHER
12. Name: John Workman
13. Birthplace: New York (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Mabel Ferry Kraus
15. Birthplace: Germany (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs J C Workman
(b) Address: Neosho Mo. Rt. 4

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: 5 (Month) 4 (Day) 42 (Year)
(c) Place: burial or cremation: Ragan Cemetery

18. (a) Signature of funeral director: [illegible]
(b) Address: Seneca, Mo

19. (a) 5-8-1942 (Date received local registrar) (b) Carly Thompson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: May day: 1 year: 1942 hour: 4pm minute: M.

21. I hereby certify that I attended the deceased from April 30, 1942 to May 1, 1942 that I last saw him alive on May 1, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Lobar pneumonia, both lungs — Duration

Due to: Not known

Due to:

Other conditions: None (Include pregnancy within 3 months of death)

Major findings:
Of operations: None

Of autopsy:

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? (Specify type of place)

While at work? (e) Means of injury:

23. Signature: Omal C. Sale (M. D. or other)

Address: Neosho, Mo. Date signed: 5-6

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 642-859
Date Filed JUN 12 1942

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 James William Burgess
Licensed Embalmer No. 4215
P. O. Address Seneca Pa

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.