

AUG 30 1943

Registration District No. 156

Primary Registration District No. 2001

Registrar's No. 460

1. PLACE OF DEATH: Jasper
 (a) County Jasper
 (b) City or town Joplin
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Nursing Home 1811 Grand. 4
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 months
 (Specify whether
 In this community I year
 years, months or days)

2. USUAL RESIDENCE OF DECEASED: 49
 (a) State Missouri (b) County Jasper
 (c) City or town Joplin Mo. 2
 (If outside city or town limits, write "RURAL")
 (d) Street No. 906 Byers ave
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country 0

3. (a) PRINT FULL NAME Begsie DeVoe Workman.

3. (b) If veteran, name war ----- 3. (c) Social Security No. ----

4. Sex Fe 5. Color or race W 6. (a) Single, widowed, married. married

6. (b) Name of husband or wife. Muriel 6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased. Dec 29th 1896
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
46	7	14		hr. min.

9. Birthplace. Delta Colorado.
(City, town, or county) (State or foreign country)

10. Usual occupation house duty
same

11. Industry or business No record

12. Name no record

13. Birthplace no record
(City, town, or county) (State or foreign country)

14. Maiden name no record

15. Birthplace no record
(City, town, or county) (State or foreign country)

16. (a) Informant Muriel Workman
(b) Address 906 Byers ave Joplin Mo.

17. (a) Burial (b) Date thereof 8-14th-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Fairview cem.

18. (a) Signature of funeral director Hurlbut Und. Co
(b) Address 212 Joplin st.
19. (a) 8-16-43 (b) Gustaf Rudolfs
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month 8 day 12th
 year 1943 hour 7 minute A.M.

21. I hereby certify that I attended the deceased from Oct. 27 1942 to July 30 1943
that I last saw her alive on July 30 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarction

Due to Hypertension cordis -
arteriosclerotic disease
with decompensation

Other conditions.
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy
1310

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 P.T. Tozianke (M.D. or other) M.D.
Address Joplin Mo. Date signed 8-16-43

Duration 1 yr

15 1/2 yrs

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

19
52
Tozianke

48 7-692

AUG 30 1943

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 *Ray K. Hulbert*

Licensed Embalmer No. 959

P. O. Address *Jasper 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.