

S. No. 2
M-5-42
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31710

State File No.
Registrar's No. 657H

OCT 7 1943
Registration District No. 128

Primary Registration District No. 5466

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Rural, S. Campbell Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Ozark Osteopathic Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 1/2 hrs.
(Specify whether
In this community 0
years, months or days)

3. (a) PRINT FULL NAME Lloyd Workman II

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

4. Sex male 5. Color or race white 6. (a) Single, ~~widowed~~, divorced
6. (b) Name of husband or wife none 6. (c) Age of husband or wife if alive XX years
7. Birth date of deceased August 11 1943
(Month) (Day) (Year)

8. AGE: Years 0 Months 0 Days 0 If less than one day 9 hr. 15 min.

9. Birthplace Christian Co., Mo - 0
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business

MOTHER FATHER

12. Name Chester Merford Workman
13. Birthplace Christian Co., Mo - 0
(City, town, or county) (State or foreign country)
14. Maiden name Louis Laris Manges
15. Birthplace Sparta Mo - 0
(City, town, or county) (State or foreign country)

16. (a) Informant Chester Workman

(b) Address Ozark, Mo., Rural

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 12 1943
(Month) (Day) (Year)

(c) Place: burial or cremation Shipman Cem.

18. (a) Signature of funeral director Richard E. Mitchell
(b) Address Rural, Ozark, Mo.

19. (a) 9-3-43 (Date received local registrar) (b) R. M. Handley (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Christian
(c) City or town Rural (Finley Township)
(If outside city or town limits, write "RURAL")
(d) Street No. 5 miles S.E. of Ozark
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 12
year 1943 hour 6:45 minute A.M.

21. I hereby certify that I attended the deceased from Birth
Aug 11 1943 to Aug 12 1943
that I last saw him alive on 8-12-43, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death asphyxiation
Due to Prematurity (7 mo baby)

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 159
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) Means of injury

23. Signature Richard E. Mitchell (M. D. or other) do
Address Ozark, Mo Date signed 9-2-43

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

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.....

Body Not Embalmed -....., Registered Apprentice No.....
working under my personal supervision.

NO Embalmer
Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.