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M-43
7-5-17-39
X37023

FILED OCT 19 1944

Registration District No. 103

Primary Registration District No. 5417

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

35
005

1. PLACE OF DEATH:

(a) County DUNKLIN

(b) City or town RIVES RURAL ^{OPAY TWP}
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution 1
(Specify whether _____)

In this community _____
years, months or days)

3. (a) PRINT FULL NAME JOHN LUIS WORKMAN

3. (b) If veteran, name war NO

3. (c) Social Security No. 920

4. Sex MALE 5. Color or race W

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

6. (b) Name of husband or wife Lucy Workman 6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased April 3 1885
(Month) (Day) (Year)

8. AGE: Years 59 Months 5 Days 8
If less than one day _____ hr. _____ min.

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

10. Usual occupation Farming

11. Industry or business _____

MOTHER FATHER { 12. Name unknown

13. Birthplace unknown
(City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Lucy Workman

(b) Address RIVES MO

17. (a) Buried (b) Date thereof 9-14-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hammersville

18. (a) Signature of funeral director W.T. G... ..

(b) Address Hammersville Mo

19. (a) 9-15-44 (b) Spencer Bl... ..
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County DUNKLIN

(c) City or town Rives Mo
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPT day 11
year 1944 hour 2 - minute 30 AM

21. I hereby certify that I attended the deceased from JUNE 18
1944 to Sept 10, 1944
that I last saw him alive on SEPT 10, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death CARCINOMA of Liver Duration 18 mo.

Due to CARCINOMA of Liver
ANGIOCARC

Due to _____

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

Major findings: H6

Of operations _____

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? _____

While at work? _____ (Specify type of place)
(e) Means of injury 2

23. Signature J. S. Kellogg (M.D. or other) MD
Address Hammersville Mo Date signed 9/16/44

1201

8.

RECEIVED

District Health Office No. 2,

District File Number 1044-1306

Date Filed 10-11-44

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.....

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.