

FILED MAR 2 1945

Registration District No. 77

Primary Registration District No. 3016

Registrar's No. 26

1. PLACE OF DEATH

(a) County Cole

(b) City or town Jefferson City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 607 - Mulberry
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 69 years (Specify whether years, months or days)

In this community 69 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole 26

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

(d) Street No. 607 - Mulberry
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Wade Workman

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January 22
year 1945 hour 9 minute 10 A.M.

21. I hereby certify that I attended the deceased from Sept 44 to January 45
that I last saw him alive on December 19, 44
and that death occurred on the date and hour stated above.

Immediate cause of death: Baron's thrombosis

Duration _____

4. Sex Male 5. Color or race Wh 6. (a) Single, widowed, married Married
divorced _____

6. (b) Name of husband or wife Mollie 6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased: Oct 2 1875
(Month) (Day) (Year)

Due to _____

Due to arterio-sclerosis

Other conditions (Include pregnancy, within 3 months of death) _____

Major findings: 942

Of operations _____

Of autopsy _____

8. AGE: Years 69 Months 3 Days 20 If less than one day hr. min.

9. Birthplace Cole County Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired employee

11. Industry or business Mo Power Light Co.

12. Name Unknown Workman?

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

14. Maiden name Unknown Small

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

16. (a) Informant Mollie Workman

(b) Address 607 - Mulberry

17. (a) Burial (b) Date thereof: Jan 24 - 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Laguerre

18. (a) Signature of funeral director James Bruce

(b) Address 717 Jefferson

19. (a) 1-27-45 (b) Therma Richter
(Date received local registrar) (Registrar's signature)

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 0

23. Signature J. Bruce (M. D. or other) MD
Address Jefferson City Mo. Date signed 1/24/45

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

54
4

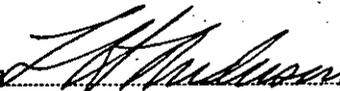
Date filed
3-1-45

MAR 2 1945

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.

3641

P. O. Address

pmo

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.