

FILED DEC 10 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 337702

Registration District No. 207

Primary Registration District No. 5759

Registrar's No. 33

1. PLACE OF DEATH:

(a) County Marion
(b) City or town Rolla Route 2
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Life (Specify whether
In this community Life
years, months or days)

3. (a) PRINT FULL NAME Geo Washington Workman
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Male 5. Color or race W
6. (a) Single, widowed, married, divorced W
(b) Name of husband or wife Annie Workman
6. (c) Age of husband or wife if alive years
7. Birth date of deceased March 20 1882
(Month) (Day) (Year)

8. AGE: Years 64 Months 8 Days 7 If less than one day
hr. min.

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

10. Usual occupation Farming

11. Industry or business

12. Name Christopher L. Workman

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

14. Maiden name Sandra Taylor

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

16. (a) Informant Marion Workman

(b) Address Route 2, Rolla Mo.

17. (a) Funeral (b) Date thereof 11-29-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Marion, Mo.

18. (a) Signature of funeral director Paul E. Son

(b) Address Rolla Mo.

19. (a) Dec 1-46 (b) Pauline Howard
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Marion
(c) City or town Rolla
(If outside city or town limits, write "RURAL")
(d) Street No. Route # 2
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 27
year 1946 hour 1 minute 15 A.M.

21. I hereby certify that I attended the deceased from July 1
1946, 19 , to Nov 27, 1946
that I last saw him alive on 11/25-46, 19
and that death occurred on the date and hour stated above.

Immediate cause of death Tuberc Pneumonia Duration

Due to Coronary Heart
Failure

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
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

23. Signature Pauline Howard (M. D. or other)

Address Rolla Mo Date signed 11/27/46

188 (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 12-9-46

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

Jerrard B. Barnathay, Registered Apprentice No. 419,
working under my personal supervision.

Signed S. B. M. Jones

Licensed Embalmer No. 3397

P. O. Address Rolla 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.