S. No. 2
0M—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 9 1947

Registration District No. 22

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. ~~3046~~ 5796

State File No. 21687

Registrar's No. 38

1. PLACE OF DEATH:

(a) County: Moniteau Co.

(b) City or town: Rural Walker
(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 ..... (Specify whether years, months or days)
In this community .....

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Moniteau

(c) City or town: Rural Walker
(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 .....

3. (a) PRINT FULL NAME: EMMA TENNESEE WORKOVER

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex: Female

5. Color or race: White

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

6. (b) Name of husband or wife: Edward Workover

6. (c) Age of husband or wife if alive: 70 years

7. Birth date of deceased: Aug (Month) 15 (Day) 1877 (Year)

8. AGE: Years 69 | Months 9 | Days 23 | If less than one day ..... hr. ..... min.

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

10. Usual occupation: housewife

11. Industry or business .....

MOTHER FATHER

12. Name: Washington Jones

13. Birthplace: Tenn! (City, town, or county) (State or foreign country)

14. Maiden name: Dorothea Upton

15. Birthplace: Cole Co. (City, town, or county) Mo (State or foreign country)

16. (a) Informant: Mr. Edward Workover

(b) Address: California Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 6-10-47 (Month) (Day) (Year)

(c) Place: burial or cremation: City Cem - California Mo

18. (a) Signature of funeral director: Geo F. E. Williams

(b) Address: California Mo.

19. (a) 6-14-47 (Date received local registrar) (b) H. R. Ropeyoy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month ~~April~~ June day ~~20~~ 8 year 1947 hour 6 minute 30 P. M.

21. I hereby certify that I attended the deceased from April 12, 1947, to June 8, 1947, that I last saw him alive on June 8, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage	1 day.
Due to: Cardio-Vascular Disease with hypertension	15 yrs.
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? ..... (Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature: Edgar A. Kirk (M. D. or other)

Address: California Date signed: 6/9/47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 9/8/47

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 Hugh E Williams

Licensed Embalmer No. 3537

P. O. Address California 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.