

FILED AUG 13 1948

State File No. _____

Registration District No. 67

Primary Registration District No. 5261

Registrar's No. 15

1. PLACE OF DEATH:
CHRISTIAN
(a) County CHRISTIAN
(b) City or town GARRISON
(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)
In this community 80 YEARS
years, months or days

2. USUAL RESIDENCE OF DECEASED:
MISSOURI **CHRISTIAN** 22
(a) State _____ (b) County _____
(c) City or town GARRISON ms 0
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME LUCY FRANCES WORKMAN
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____
4. Sex F / 5. Color or race W / 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife ALFRED NOAH WORKMAN 6. (c) Age of husband or wife if alive 83 years
7. Birth date of deceased 6 10 1864
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 14
year 1948 hour 11:00 minute _____ M.
21. I hereby certify that I attended the deceased from 7 July 48
July 1948, to 14 July 48
that I last saw her live on 12 July 48
and that death occurred on the date and hour stated above.
Immediate cause of death Cerebral hemorrhage - massive
Duration 1 wk.

8. AGE: Years 84 Months 1 Days 4 If less than one day _____ hr. _____ min.
9. Birthplace ? ILL. /
(City, town, or county) (State or foreign country)

Due to _____
Due to _____
Other conditions Arteriosclerosis; gen. Unknown
(Include pregnancy within 3 months of death)

11. Industry or business _____
12. Name ELIJAH ANDERSON ELLIOTT
13. Birthplace ? ILL.? /
(City, town, or county) (State or foreign country)
14. Maiden name LOLITHA WALKER
15. Birthplace ? ILL.? /
(City, town, or county) (State or foreign country)
16. (a) Informant MRS. FRANK WORKMAN
(b) Address OZARK MO.

Major findings:
Of operations _____
Of autopsy _____
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? _____

17. (a) BURIAL (b) Date thereof 7 - 17 - 48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation GARRISON MO. Cem
18. (a) Signature of funeral director John Deanhaus
(b) Address CHADWICK MO.
19. (a) July 31 - 48 (b) Lillie Barr
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) (c) Means of injury D
23. Signature [Signature] (M. D. or other) MD
Address Ozark, Mo. Date signed 23 July 48

RECEIVED

Health Officer No. 6;

File Number 848-895

AUG 12 1940

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 John Dean Harris

Licensed Embalmer No. 4390

P. O. Address Chadwick, m

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.