

REC'D SEP 13 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

27779  
Do not use this space.

Registered No. 3090

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399  
(b) Township Kaw Primary Registration District No. 1002  
(c) City Kansas City, Mo. (d) Street No. General Hospital St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

George M. Workman 625  
(a) Residence, No. 117 Myrtle St.   
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Vera Workman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 9, 1882

7. AGE YEARS 56 MONTHS 0 DAYS 23 If LESS than 1 day, .....hrs. or .....min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Interior  
9. Industry or business in which work was done, as saw mill, bank, etc. Decorator  
10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa

FATHER 13. NAME William A. Workman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa

MOTHER 15. MAIDEN NAME Dora Hering

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Mrs. Vera Workman  
(ADDRESS) 117 Myrtle, Kansas City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Omaha, Nebr. DATE Aug. 4-38

19. FUNERAL DIRECTOR (NAME) C. H. Blackman & Son, Inc.  
(ADDRESS) 2825 Indep. Blvd. K.C. Mo.

20. FILED Aug 3, 1938 M. M. Brown  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-2-38, 19

22. I HEREBY CERTIFY that I attended deceased from 9:15 a.m., 19

I last saw him alive Deputy Coroner Death is said to have occurred on the date stated above, at 9:15 a.m.

The principal cause of death and related causes of importance were as follows:

Auto traumatism  
Fracture of the skull  
Cerebral Hemorrhage

Other contributory causes of importance:

Name of operation..... Date of.....  
What test confirmed diagnosis..... Was there an autopsy Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide. Date of injury 8-1-38

Where did injury occur? K.C. Mo.  
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Pedestrian struck by auto  
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? 4  
If so, specify.....

(Signed) Walter B. Lutton M. D.  
San Harp, K.C. Mo  
(Address).....

WRITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

---

---

**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, above space should be left blank.**