

Registration District No. 653

Primary Registration District No. 5864

Registrar's No. 104

1. PLACE OF DEATH:

(a) County Pemiscot
 (b) City or town Hayts-Road
 (c) Name of hospital or institution 5 miles N. of Hayts-Road Highway
 (d) Length of stay: In hospital or institution _____
 In this community just at time of death

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Pemiscot
 (c) City or town Stallons mo.
 (d) Street No. _____
 (e) If foreign born, how long in U. S. A.? _____ years.

8. (a) PRINT FULL NAME

John E. Workman

8. (b) If veteran name war _____

8. (c) Social Security No. 486-18-3289

4. Sex M. 5. Color or race White
 6. (a) Single, widowed, married, divorced single
 6. (b) Name of husband or wife _____
 6. (c) Age of husband or wife if alive X years
 7. Birth date of deceased Dec. 18 1916

8. AGE: Years 23 Months 11 Days 11
 If less than one day _____ hr. _____ min.

9. Birthplace Portageville mo.

10. Usual occupation Sign painter

11. Industry or business Paint Shop

12. Name J. H. Workman

13. Birthplace Portageville mo.

14. Maiden name Cecil Barnes

15. Birthplace Hanzard mo.

16. (a) Informant J. H. Workman

(b) Address Stalls mo.

17. (a) Burial (b) Date thereof 12/1/40

(c) Place: burial or cremation Portageville mo.

18. (a) Signature of funeral director La Forge Und. Co.

(b) Address Southwest mo.

19. (a) 12/4/40 (b) Dear Kelley

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 29
 year 1940 hour 12 minute 30 P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw h_____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death Car accident
Head and chest injuries

Due to _____
 Due to Car accident

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____
 Of autopsy ✓

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) accident
 (b) Date of occurrence 11-29-40
 (c) Where did injury occur? Hayts-Road Pemiscot mo.
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
Highway 61
 (Specify type of place) _____
 (e) Means of injury _____
 23. Signature Jack Kelley Coroner
 Address Hayts mo Date signed 11-29-40

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

8

FILED DEC 11 1940

12-40-5

JLD
98

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 J. L. La Poige
Licensed Embalmer No. 3082

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 39444

Registration District No. 653

Primary Registration District No. 5864

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County Pemisscot
(b) City or town Hays
(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 _____ (Specify whether
years, months or days)

3. (a) PRINT FULL NAME John E Markman

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced s

6. (b) Name of husband or wife _____ 6. (c) Age of husband, or wife, if alive _____ years

7. Birth date of deceased _____ (Month) (Day) (Year)

8. AGE: Years 23 Months 11 Days 11 If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____ (City, town, or county) (State or foreign country)

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

20. DATE OF DEATH Month Nov day 29
year 1940 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.
Immediate cause of death Car accident Duration _____

Head and Chest Injuries
Due to _____

Due to Car accident
Non collision Car Turned over
on Highway on Double S Curve.
Other conditions _____ (Include pregnancy within 3 months of death)

Major findings: 2. 10 m
Of operations: 28
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) acc
(b) Date of occurrence 11-29-1940
(c) Where did injury occur? Hays mo Rural (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Highway 61 (Specify type of place) (e) Means of injury _____ While at work? _____

23. Signature Jack Kelley coroner (M.D. or other) _____
Address Hays mo Date signed 1-30-41

SUPPLEMENTAL

5-39344