

No. 2
-13-40
-17-39
XC23159

DEPARTMENT OF COMMERCE
BUREAU OF VITAL STATISTICS
FEB 18 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Waller
State File No. **3791**
Registrar's No. **39**

Registration District No. **668**

Primary Registration District No. **3032**

80
66
4
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH: Pettis
(a) County
(b) City or town Sedalia
(c) Name of hospital or institution: 705 East 5th.
(d) Length of stay: In hospital or institution
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED: 80
(a) State Missouri (b) County Pettis
(c) City or town Sedalia
(d) Street No. 705 East 5th.
(e) If foreign born, how long in U. S. A. ? 0 years.

3. (a) PRINT FULL NAME Sarah Frances Workman
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan. day 24
year 1941 hour 8 ~~00~~ minute 10 M.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed
6. (b) Name of husband or wife J.A. Workman 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Sept. 11 1865
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 16 1941 to Jan 24 1941; that I last saw her alive on Jan 24 1941; and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
75 4 13 hr. min.

Immediate cause of death Bronchopneumonia 8da

9. Birthplace London Kentucky
(City, town, or county) (State or foreign country)
10. Usual occupation At Home

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) 107

11. Industry or business _____
12. Name Martin Williams
13. Birthplace Kentucky
14. Maiden name Elizabeth Sansbury
15. Birthplace Kentucky

Major findings: Of operations _____
Of autopsy _____

16. (a) Informant Bertha Yoemans
(b) Address California, Mo.
17. (a) Burial (b) Date thereof Jan. 27/41
(c) Place: burial or cremation Crown Hill
18. (a) Signature of funeral director Gillespie Funeral Home
(b) Address Sedalia, Mo.
19. (a) 1/27/41 (b) Mrs. Harry Sneed

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 906
(e) Means of injury _____
23. Signature A. L. Walter (M. D. or other) _____
Address Sedalia Mo Date signed Jan 26 1941

1947-10-10

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 9-10-47

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 L. E. Bouldin

Licensed Embalmer No. 3867

P. O. Address Sedalia 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.