

No. 2  
4-13-40  
5-17-39  
PI X23159

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **9770**

Registrar's No. **1179**

Registration District No. **194199**

Primary Registration District No. **1002**

48  
38  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH: **Jackson**  
(a) County **Kansas City**  
(b) City or town **Kansas City**  
(c) Name of hospital or institution: **1915 East 13th Street**  
(d) Length of stay: In hospital or institution **35 years**  
In this community **35 years**

2. USUAL RESIDENCE OF DECEASED: **48**  
(a) State **Missouri** (b) County **Jackson**  
**Kansas City**  
(c) City or town **1915 East 13th St.**  
(d) Street No. **0**  
(e) If foreign born, how long in U. S. A.?

3. (a) PRINT FULL NAME **Roy Workcuff**  
(b) If veteran, name war **None**  
(c) Social Security No. **None**

MEDICAL CERTIFICATION  
20. DATE OF DEATH: **March 19th 1941**  
Month **2** day **18** P. M.

4. Sex **Male** 5. Color or race **Col**  
6. (a) Single, widowed, married, divorced **Single**  
6. (b) Name of husband or wife  
6. (c) Age of husband or wife if alive **14, 1884** years (Day) (Year)

21. I hereby certify that I attended the deceased from **1-29-1941** to **3-19-1941**  
that I last saw him alive on **3-19-1941**  
and that death occurred on the date and hour stated above.

7. Birth date of deceased **October 14, 1884**  
8. AGE: Years **56** Months **5** Days **5**  
If less than one day hr. min.

Immediate cause of death **Carcinoma of stomach**  
Due to **none**

9. Birthplace **Lexington Missouri**  
10. Usual occupation **Houseman**

Other conditions **none**  
Major findings: Of operations **none**  
Of autopsy **none**

11. Industry or business  
12. Name **Monroe Workcuff**  
13. Birthplace **Missouri**  
14. Maiden name **Ardena Rucker**  
15. Birthplace **Mo. 0**

PHYSICIAN  
Underline the cause to which death should be charged statistically.

16. (a) Informant **Pearl Workcuff**  
(b) Address **1406 Forest, 2nd F. N.**  
17. (a) **burial** (b) Date thereof **3/22/41**  
(c) Place: burial or cremation **Highland Cem.**  
18. (a) Signature of funeral director **Hatkins Bros**  
(b) Address **1729 Lydia**  
19. (a) **Mich 22 1941** (b) **M. M. Crowe**  
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) **no**  
(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?  
While at work? (Specify type of place) (e) Means of injury  
23. Signature **J. J. Hauer** (M. D. or other) **0**  
Address **2200 E-180** Date signed **3/24/41**

**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.....

*Isaac Jerome Marland*

Licensed Embalmer No.....

*3994*

P. O. Address.....

*11206 23rd St*

**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.**