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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 23 1942

Registration District No. 2213

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41648

Primary Registration District No. 3014

Registrar's No. 3

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

1. PLACE OF DEATH:
(a) County COLE
(b) City or town JEFFERSON CITY, MO.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ST. MARY'S HOSPITAL D
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ONE DAYS (Specify whether years, months or days)
In this community 20m years

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County COLE 26
(c) City or town JEFFERSON CITY, MO. 5
(If outside city or town limits, write "RURAL")
(d) Street No. 411 W. DUNKLIN 4
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME SARAH WORKMAN
3. (b) If veteran, name war NONE
3. (c) Social Security No. NONE
4. Sex FEMALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced DIVORCED
6. (b) Name of husband or wife ED RIELY
6. (c) Age of husband or wife if alive UNKNOWN years
7. Birth date of deceased SEPTEMBER 1, 1866 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
75	3	29	hr. min.

9. Birthplace COLE COUNTY, MO. (City, town, or county) 0 (State or foreign country)
10. Usual occupation HOUSEWIFE
11. Industry or business
FATHER 12. Name HENRY WORKMAN
13. Birthplace MISSOURI (City, town, or county) 0 (State or foreign country)
MOTHER 14. Maiden name BESHY CARNDER
15. Birthplace KENTUCKY (City, town, or county) 1 (State or foreign country)
16. (a) Informant WADE WORKMAN
(b) Address JEFFERSON CITY, MO.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 1/1/42 (Month) (Day) (Year)
(c) Place: burial or cremation ELSTON, MO.
18. (a) Signature of funeral director John F. Heinish
(b) Address JEFFERSON CITY, MO.
19. (a) 1-2-42 (Date received local registrar) (b) Norma Pickner (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DECEMBER day 30 year 1941 hour 12 minute 04 P. M.
21. I hereby certify that I attended the deceased from Dec 29 1941 to Dec 30 1941 and that I last saw her alive on Dec 30 1941 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Shock from multiple contusions and fractures	1 day
Due to Struck by auto	
Due to	
Other conditions (Include pregnancy within 3 months of death) NOC-8	
Major findings: Of operations 72	
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) Hit by auto
(b) Date of occurrence Dec 29 1941
(c) Where did injury occur? Jefferson City Cole Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Highway 50 (Specify type of place)
While at work (e) Means of injury Auto
23. Signature [illegible] (M. D. ~~another~~)
Address 626 Jefferson Date signed 12-31-41

(Licensed Embalmer's Statement on Reverse Side)

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 Sylvester Dulle, Registered Apprentice No. 292, working under my personal supervision.

Signed John F. Heinle

Licensed Embalmer No. 3655

P. O. Address Jefferson City, 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.