

Registration District No. FILED MAY 2 1942

Primary Registration District No. 4289

Registrar's No. 38

56
99

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

1. PLACE OF DEATH:
 (a) County Lewis
 (b) City or town La Grange
(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 65 Years
years, months or days

3. (a) PRINT FULL NAME Nettie Workman

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed

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

7. Birth date of deceased June 2nd. 1866
(Month) (Day) (Year)

8. AGE: Years <u>75</u>	Months <u>10</u>	Days <u>9</u>	If less than one day hr. _____ min. _____
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9. Birthplace Lewis County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

12. Name James A. Day

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

14. Maiden name Alicy Hill

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

16. (a) Informant Rev. B. Workman

(b) Address La Grange, Mo.

17. (a) Burial (b) Date thereof April 13. 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation La Grange Mo.

18. (a) Signature of funeral director [Signature]

(b) Address La Grange Mo.

19. (a) 4/13/42 (b) P. W. Jennings
(Date received local registrar) (Registrar's signature)

781

Licensed Embalmer's Statement on Reverse Side

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Lewis
 (c) City or town La Grange
(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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 11
year 1942 hour 10 minute 30 P.M.

21. I hereby certify that I attended the deceased from Oct 8, 1941, to APRIL 11, 1942
that I last saw him ER alive on APRIL 11, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death CHRONIC PARENCHYMATOUS NEPHRITIS

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 131 R

Major findings: Of operations _____

Of autopsy _____

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? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)

While at work? _____ (Specify type of place)
(e) Means of injury 0

23. Signature [Signature] (M. D. or other) _____
Address La Grange Mo Date signed APR 13 1942

Duration

2 YRS

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 10.

District File Number 542-936

Date Filed MAY 8 1942

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.....

A. A. Roberts....., Registered Apprentice No.....
working under my personal supervision.

Signed.....



Licensed Embalmer No. 1626

P. O. Address La Grange, 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.