

FILED APR 14 1943

Registration District No. _____

Primary Registration District No. **1004**

1. PLACE OF DEATH:

(a) County Adair
(b) City or town LaPlata R.F.D. Wilson
(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 all his life (Specify whether)
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Adair
(c) City or town LaPlata (Rural)
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME BYRON FLEMORE WORKMAN

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 Married
6. (b) Name of husband or wife Lina Workman
6. (c) Age of husband or wife if alive 45 years
7. Birth date of deceased July 18th 1890 (Month) (Day) (Year)

8. AGE: Years 50 Months 8 Days 3 If less than one day _____ hr. _____ min.

9. Birthplace Adair Co. Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Same

MOTHER FATHER { 12. Name Byron F. Workman
13. Birthplace Adair Co. Mo. (City, town, or county) (State or foreign country)
14. Maiden name Sabina Elmork
15. Birthplace Adair Co. Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs B. E. Workman
(b) Address LaPlata, Mo.

17. (a) Burial (b) Date thereof 3/20/43 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Hill

18. (a) Signature of funeral director F. R. Emley
(b) Address Bonham, Mo.

19. (a) 3/20/43 (b) Mrs. J. L. Wagner (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY, day 16th
year 1943 hour 9 minute 30 P.M.

21. I hereby certify that I attended the deceased from March 13
16 to March 16, 1943
that I last saw him alive on March 16, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death acute indigestion Duration 1 hour

Due to Other cause unknown

Due to _____

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

Major findings: Of operations 11813 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? _____

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

23. Signature Paul W. [unclear] (M.D. or other) DO
Address LaPlata Mo. Date signed 3/17-43

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

1
0
0

RECEIVED

District Health Officer No. 10

District File Number 4-43-737

Date Filed APR 13 1949

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 G. B. Easley

Licensed Embalmer No. 3752

P. O. Address Hurdland 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.