

FILED AUG 19 1946
 Registration District No. 149 Primary Registration District No. 1002

1. PLACE OF DEATH:
 (a) County Jackson
 (b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Little Sisters of the Poor **5**
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 8 years 8 Mos.
(Specify whether years, months or days)
 In this community 8 years 8 Months

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jackson
 (c) City or town Kansas City
(If outside city or town limits, write "RURAL")
 (d) Street No. 5331 Highland
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME MRS. WINNIE WORKMAN
 3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow
 6. (b) Name of husband or wife Ernest Workman 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased April 28 1872
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>74</u>	<u>3</u>	<u>10</u>	_____ hr. _____ min.

9. Birthplace St. Louis Mo
(City, town, or county) (State or foreign country)
 10. Usual occupation None

11. Industry or business _____
MOTHER FATHER
 12. Name James Sheridan **9**
 13. Birthplace No record
(City, town, or county) (State or foreign country)
 14. Maiden name Anora Haley
 15. Birthplace No record
(City, town, or county) (State or foreign country)

16. (a) Informant Little Sisters of the Poor
 (b) Address 5331 Highland
 17. (a) Burial (b) Date thereof 8/10/46
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation St. Mary's Cemetery
 18. (a) Signature of funeral director Wm. E. Dehn Co.
 (b) Address 20 West Linwood
 19. (a) 8-10-46 (b) Sheraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month 8th day August
 year 1946 hour 12:15 minute _____ P. M.
 21. I hereby certify that I attended the deceased from NOV 1944
 19____ to August 8 1946
 that I last saw her alive on August 8 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death _____
Coronary Occlusion with Myocardial infarction
 Due to Generalized Arterio-sclerosis
 Due to _____ **12 year**
 Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: Of operations 94a
 Of autopsy No
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) _____
 (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? _____ (e) Means of injury O.
 23. Signature John T. Skinner (M. D. or other) _____
 Address 402 Bryant Bldg Date signed 8/9/46

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

26200

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 Howard W. Farmer

Licensed Embalmer No. 4134

P. O. Address Kansas 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.