S. No. 2
DM—2-43
5-17-39
1 X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 10 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 41523

Registration District No. 20

Primary Registration District No. 5081

Registrar's No. 14

1. PLACE OF DEATH:
(a) County Bates
(b) City or town East Boone Twp Rural
(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 years, months or days)
In this community 36 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Bates ?
(c) City or town Rural East Boone Twp
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Rosa Caroline Workman
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Can Workman
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 6 (Month) 22 (Day) 1871 (Year)
8. AGE: Years 72 Months 5 Days 19 If less than one day hr. min.
9. Birthplace Lee County (City, town, or county) Virginia (State or foreign country)
10. Usual occupation Housewife
11. Industry or business ✓
MOTHER FATHER
12. Name Rufus Belcher
13. Birthplace Lee County (City, town, or county) Virginia (State or foreign country)
MOTHER
14. Maiden name Dont Know
15. Birthplace Lee County (City, town, or county) Virginia (State or foreign country)
16. (a) Informant Ralph Workman
(b) Address Adrian, Mo.
17. (a) (Burial, cremation, or removal) (b) Date thereof 12-13-43 (Month) (Day) (Year)
(c) Place: burial or cremation Lakeview Cemetery
18. (a) Signature of funeral director Sneath & Son
(b) Address Adrian Mo
19. (a) 12/11/43 (Date received local registrar) (b) Lilande Sneath (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 11
year 1943 hour 6 minute 30 A.M.
21. I hereby certify that I attended the deceased from Nov. 2, 1942, to Dec 11, 1943
that I last saw her alive on Nov. 23, 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pulmonary Thrombosis	
Due to: asthma debility	20 yrs
Due to: Pulmonary tuberculosis (probably)	
Other conditions. (Include pregnancy within 3 months of death)	

Major findings:
Of operations
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)
(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

23. Signature D. L. Colson M.D. (M. D. or other)
Address Adrian Mo Date signed 12/11/43

1299

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7
District File Number 12-43-1466
Date Filed 1-7-44

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
and Fred J. Breath #3343, Registered Apprentice No.,
working under my personal supervision.

Signed C. A. Lee

Licensed Embalmer No. 3650

P. O. Address Adrian 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.