

REC'D FEB 21 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1623

1. PLACE OF DEATH

County Buchanan

Registration District No. 85

File No. 21

Township St Joseph

Primary Registration District No. 1001

Registered No. 21

City St Joseph (No. St Joseph)

St. Mo State Hosp (Ward)

2. FULL NAME

Calvin Womacks

(a) Residence, No. _____ St., _____ Ward.

Kansas City, Mo.
(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Nettie Womacks

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 28 1878

7. AGE YEARS 60 MONTHS 5 DAYS 8 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Inspector of

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Site Walks in R.C.

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

13. NAME Wynsis Womacks

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT (ADDRESS) Records State Hosp #2

18. BURIAL, CREMATION, OR REMOVAL PLACE Kansas City, Mo DATE Jan 10 1939

19. UNDERTAKER (ADDRESS) Mrs. C. L. Fodder

20. FILED Jan. 4 1939 C. E. DeLong Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 7 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov 28 1938 to Jan 7 1939

I last saw h. in alive on Jan 6 1939 Death is said

to have occurred on the date stated above, at 5:15 a.m.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia Date of onset: Jan 5

Other contributory causes of importance: General Arteriosclerosis Indef.

Name of operation None Date of _____

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) C. E. DeLong, M. D.

(Address) Mo State Hosp.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATE BOARD OF HEALTH, WITH UNFADING INK—THIS IS A PERMANENT RECORD

1-17284

STATEMENT BY LICENSED EMBALMER

I, C. H. Wise, Licensed Embalmer No. 2570
hereby certify that the body recorded on the reverse side of this
Certificate was embalmed by me
or by The Fille, Registered Apprentice No. _____
(Signed) C. H. Wise
Licensed Embalmer No. 2570

NOTE: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
(Failure to comply with this regulation constitutes grounds for revocation of license.)