

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

35447
 Do not use this space.

1. PLACE OF DEATH
 (a) County Cates Registration District No. 50
 (b) Township Mt. Pleasant Primary Registration District No. 5074 Registered No. 51
 (c) City _____ or _____ (d) Street No. Rural _____ St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Francis L. Marshall Wommeyer
 (a) Residence, No. Rural St. □ (If nonresident, give county or town and State)
 (Usual place of abode, if no street address, write county or city)

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 Mrs F L Wommeyer
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 4 1869
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
69 10 17

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
 9. Industry or business in which work was done, as saw mill, bank, etc. Farmer
 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) Adams Twp. Cambria Co. Penn.

FATHER
 13. NAME Leura Wommeyer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Center Co Penn.

MOTHER
 15. MAIDEN NAME Elizabeth Deese

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cambria Co Penn.

17. INFORMANT (ADDRESS) Arthur Wommeyer Butler Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Clarksville Michigan DATE Oct 25 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Culver Butler Mo

20. FILED Oct 23 1939 Min L Culver Local Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY: That I attended deceased from Oct 6 1939 to Oct 21 1939

I last saw him alive on Oct 21 1939. Death is said to have occurred on the date stated above, at 8 a.m.

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

Cerebral hemorrhage Date of onset _____

Other contributory causes of importance: Chronic nephritis

Name of operation Open Date of _____
 What test confirmed diagnosis Open Was there an autopsy No

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) A. D. Deese, M. D.
 53 (Address) Engl Bay Butler Mo

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.

RECEIVED

District Health Officer No. 7;

District No. Number 11-29-1608

Date Filed 11-14-39

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 C. E. Culver

Licensed Embalmer No. 2576

P. O. Address Butler 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, above space should be left blank.