

RECEIVED NOV 15 1940
Registration District No. **408**

Primary Registration District No. **3020**

Registrar's No. **195**

1. PLACE OF DEATH:

(a) County **Jasper**
(b) City or town **Carthage**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **1178 A. Main** **3**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **13 years** (Specify whether years, months or days)

8. (a) PRINT FULL NAME **AMERICA LOUVINA WOMACK**

8. (b) If veteran, name war **No** 8. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **G. P. Womack** 6. (c) Age of husband or wife if alive **years**

7. Birth date of deceased **March 25 1861**
(Month) (Day) (Year)

8. AGE: Years **79** Months **7** Days **5** If less than one day hr. min.

9. Birthplace **Unknown Tennessee**
(City, town, or county) (State or foreign country)

10. Usual occupation **at home**

11. Industry or business

12. Name **William Edward Gibb**

13. Birthplace **Tennessee**
(City, town, or county) (State or foreign country)

14. Maiden name **Melissa Carr**

15. Birthplace **Alabama**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. J. B. Means**

(b) Address **Summers, Texas**

17. (a) **Burial** (b) Date thereof **Nov. 1 - 1940**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Park Cemetery**

18. (a) Signature of funeral director **W. E. Masterson**
(b) Address **Carthage, Mo.**

19. (a) **Oct 31, 1940** (b) **E. J. McEntire, M.D.**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jasper**
(c) City or town **Carthage**
(If outside city or town limits, write "RURAL")
(d) Street No. **1002 Fulton**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? **years**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct** day **30**
year **1940** hour **10** minute **30 A.M.**

21. I hereby certify that I attended the deceased from **July 17 1939** to **Oct 30 1940**
that I last saw her alive on **Oct 30 1940**
and that death occurred on the date and hour stated above.

Immediate cause of death **Uremia** Duration

Due to **Chronic Nephritis** **2 yrs**

Due to **191**

Other conditions **Senility**
(Include pregnancy within 3 months of death)

Major findings: Of operations **none**

Of autopsy **none**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **no**

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

23. Signature **George H. Wood** (M. D. or other) **M.D.**

Address **Carthage Mo** Date signed **10/31/40**

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

9
5
2

MOTHER FATHER

70-11-547

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 Ernest Stuebel

Licensed Embalmer No. 341

P. O. Address Carthage

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.