

JAN 15 1941 302

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County Gascoigne
(b) City or town Blount
(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

In this community years, months or days) 2

3. (a) PRINT FULL NAME Thomas Leroy Woemmel

3. (b) If veteran, name war 3. (c) Social Security No.

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced

6. (b) Name of husband or wife 6. (c) Age of husband or wife if

alive years

7. Birth date of deceased 12 22 1940
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 0 0 1 hr. 30 min.

9. Birthplace Blount Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation 0

11. Industry or business 0

12. Name Thomas Woemmel

13. Birthplace Gascoigne Co., Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Essie Howard

15. Birthplace Gascoigne Co., Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Thomas Woemmel

(b) Address Blount, Mo.

17. (a) burial (b) Date thereof 12-22-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Blountville Cem

18. (a) Signature of funeral director Paul Woemmel

(b) Address Blount, Mo.

19. (a) (Date received local registrar) (b) C. A. Bump M.D.
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Gascoigne

(c) City or town Blount
(If outside city or town limits, write "RURAL")

(d) Street No. 0 (If rural, give location)

(e) If foreign born, how long in U. S. A. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 22
year 1940 hour 7 minute P. M.

21. I hereby certify that I attended the deceased from 12-22
that I last saw him alive on 12-22-40, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Premature birth

Due to 154

Due to 154

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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?

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

23. Signature 1 (M. D. or other)

Address Date signed

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.....

Licensed Embalmer No.

P. O. Address.....

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 42464

Registration District No. 302

Primary Registration District No. 4181

Registrar's No. _____

1. PLACE OF DEATH:

- (a) County Gasconade
(b) City or town Bland
(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

In this community _____
years, months or days)

3. (a) PRINT
FULL NAME Thomas Leroy Noemmel

3. (b) If veteran,
name war _____

3. (c) Social Security
No. _____

4. Sex m
race w

5. Color or
race w

6. (a) Single, widowed, married,
divorced _____

6. (b) Name of husband or wife _____

6. (c) Age of husband, or wife, if
alive _____ years

7. Birth date of deceased _____
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____
If less than one day _____ hr. _____ min.

9. Birthplace _____
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 12-22-40 (b) CA Bunge
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

(c) City or town _____
(If outside city or town limits write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 22
year 1940 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____
_____ 19____, to _____ 19____;

that I last saw him alive on _____ 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:

Of operations _____

Of autopsy _____

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? _____

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

23. Signature CA Bunge (M. D. or other) _____

Address Bland Date signed 12-22-40

Duration

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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

KOWENY BOOKS

EX-174