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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 10 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 32448

Registration District No. 272 Primary Registration District No. 4463 Registrar's No. 1063

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

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1. PLACE OF DEATH
(a) County St Francois
(b) City or town St Francois Tp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether In this community 1 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County St Francois
(c) City or town Flat River
(If outside city or town limits, write "RURAL")
(d) Street No. Rural
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

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3. (a) PRINT FULL NAME William I. Womack
3. (b) If veteran, name war ____
3. (c) Social Security No. ____
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife Odelia Womack
6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased Jan. (Month) 18 (Day) 1853 (Year)

8. AGE: Years 88 Months 8 Days 3 If less than one day ____ hr. ____ min.

9. Birthplace St Genevieve Co. (City, town, or county) Mo (State or foreign country)
10. Usual occupation Farmer
11. Industry or business ____

MOTHER
12. Name Frances Marion Womack
13. Birthplace ____ (City, town, or county) U (State or foreign country)

FATHER
14. Maiden name Rachel McDaniel
15. Birthplace ____ (City, town, or county) U (State or foreign country)

16. (a) Informant Lottie Boyer
(b) Address Desloge, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 23 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Pleasant Hill
18. (a) Signature of funeral director C. J. Boyer
(b) Address Desloge, Mo
19. (a) 9-22-41 (Date received local registrar) (b) C B Tessar (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 21 year 1941 hour 5 minute 30 P.M.
21. I hereby certify that I attended the deceased from Sept 8, 1941, to Sept 21, 1941; that I last saw h. ____ alive on ____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Chr myocarditis
Due to Senility
Due to ____
Other conditions (Include pregnancy within 3 months of death) ____
Major findings: Of operations ____ Of autopsy ____

Duration

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 E. H. Applebury (M. D. or other) MD
Address Flat River Mo Date signed 9-24-41

(Licensed Embalmer's Statement on Reverse Side)

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 B. T. Boyer

Licensed Embalmer No. 3660

P. O. Address Desloge Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.