V. S. No. 2
OM—9-4-41
ev. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 8 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 9969

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 1215

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

048 3 8

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 620 Benton
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 25 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 048 3 8

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

(d) Street No. 1115 Newton
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME JAMES RUTHERFORD WOMACK

3. (b) If veteran, name war Civil War

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race Wh.

6. (a) Single, widowed, married, divorced Widower 2

6. (b) Name of husband or wife Martha J.

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

7. Birth date of deceased April 7, 1846
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
95	11	19	..... hr. ..... min.

9. Birthplace ..... Kentucky 1
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business

FATHER
12. Name William Womack
13. Birthplace Kentucky 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Sarah Jane
15. Birthplace ..... Kentucky 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Maude M. MCCann

(b) Address 1115 Newton

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 28, 1942
(Month) (Day) (Year)

(c) Place: burial or cremation Mt. Washington Cemetery

18. (a) Signature of funeral director C. H. BLACKMAN & SON, INC.

(b) Address 2825 Indep. Blvd., Kansas City, Mo.

19. (a) 3-26-42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 26
year 1942 hour 6 minute 45 A. M.

21. I hereby certify that I attended the deceased from March 5, 1942 to 3-24, 1942;
that I last saw him alive on 3-24-, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Acute dilatation of heart	—
Due to Chronic Myocarditis	10 yrs
Arterio Sclerosis	10 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

93d

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 W. Connelly Anderson (M. D. or other)

Address 6520 Indep Ave Date signed 3-26-42

361 (Licensed Embalmer's Statement on Reverse Side)

APR 13 1942

Dr. Lindsay

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 H D Blackman.

Licensed Embalmer No. 3639

P. O. Address K C. 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, fact should be so stated above.