V. S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 12 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

37518

State File No.

Registration District No. 187 Primary Registration District No. 3040 Registrar's No. 179

1. PLACE OF DEATH:

(a) County Livingston
(b) City or town Chillicothe
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1521 Clay St. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 wks. (Specify whether years, months or days)
In this community 66 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Livingston 59
(c) City or town ~~Chillicothe~~ Utica 0
(If outside city or town limits, write "RURAL")
(d) Street No. None
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME James W. Womble

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 Widowed

6. (b) Name of husband or wife Mary E. Womble

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

7. Birth date of deceased March 21 1864 (Month) (Day) (Year)

8. AGE: Years 78 Months 7 Days 22 If less than one day — hr. — min.

9. Birthplace Adams Co. Ill. (City, town, or county) (State or foreign country)

10. Usual occupation Truck Gardener

11. Industry or business —

FATHER
12. Name James Womble
13. Birthplace Nashville Tenn. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Amelia J. Sapman
15. Birthplace — Ohio (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Stella Womble
(b) Address Utica, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 15, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Utica, Mo.

18. (a) Signature of funeral director James D. Gordan
(b) Address Chillicothe Mo.

19. (a) Nov 13-1942 (b) Lou Ella Curry (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 13 year 1942 hour 9 minute 30 A.M.

21. I hereby certify that I attended the deceased from Sept 27, 1942 to Nov 13, 1942 that I last saw him alive on Nov. 8, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Mitral insufficiency — Duration 15 yrs

Due to —

Due to —

Other conditions (Include pregnancy within 3 months of death) 92 F

Major findings:
Of operations —
Of autopsy —

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 G. W. Carpenter (M. D. or other)
Address Chillicothe Mo. Date signed Nov 13/42

(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 Donald F. Gardner

Licensed Embalmer No. 4191

P. O. Address Chillicothe, 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.