S. No. 2
M—5.42
y. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 3108

FILED FEB 5 1943

Registration District No. 274 — Primary Registration District No. 3052 — Registrar's No. 2

80 64

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

1. PLACE OF DEATH:
(a) County Pettis
(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1317 S Grand Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community 3 mo

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Johnson 51 0 0
(c) City or town Knob Noster
(If outside city or town limits, write "RURAL")
(d) Street No. Street not named
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME Wade M Womble

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 single

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

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

7. Birth date of deceased June (Month) 18 (Day) 1860 (Year)

8. AGE: Years 82 | Months 11 | Days 21 | If less than one day .... hr. .... min.

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

10. Usual occupation Farmer

11. Industry or business ....

MOTHER FATHER

12. Name James Preston

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

14. Maiden name Sara Pine

15. Birthplace Lincoln Co Mo 0 (City, town, or county) (State or foreign country)

16. (a) Informant Robert Lee Womble
(b) Address 1317 S Grand Sedalia Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1 11 43 (Month) (Day) (Year)
(c) Place: burial or cremation: Duncan Cem

18. (a) Signature of funeral director: Fred Wilkinson
(b) Address Clinton Mo

19. (a) 1-10-43 (Date received local registrar) Mrs Emma Yeager (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 9 year 1943 hour 1 minute 20 P. M.

21. I hereby certify that I attended the deceased from 7 Jan January, 1943 to Jan 9 1943 that I last saw him alive on Jan 7th 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	
Due to: Arterio Sclerosis	
Due to: 1	
Other conditions (Include pregnancy within 3 months of death): 130	

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 E E Swanely (M. D. or other)
Address Sedalia Mo Date signed 1/10 43

1022

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District No. 8,
District File
Date Rec'd 9-4-43

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 Fred Wilkinson

Licensed Embalmer No. 2478

P.O. Address Clinton 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.