

7340

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

D FEB 18 1943 291

Registration District No. _____

Primary Registration District No. 4433

Registrar's No. 10

1. PLACE OF DEATH:

(a) County PUTNAM
(b) City or town UNIONVILLE
(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 LIFE TIME years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County PUTNAM
(c) City or town UNIONVILLE
(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. No years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JANUARY day 15
year 1943 hour 8 minute A. M.

21. I hereby certify that I attended the deceased from Dec 28, 1942 to Jan 15, 1943
that I last saw him alive on Jan 15, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia
General debility
Due to broken ribs

Duration 3 days
Dec 28
1942

Other conditions (Include pregnancy within 3 months of death)

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 1942
(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) (a) Means of injury

23. Signature Dr. H. W. Gillman (M.D. & other)
Address Unionville Mo Date signed Jan 15

3. (a) PRINT FULL NAME LEVI PRESTON WOMACK

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

4. Sex MALE 5. Color or Grace White 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife VIRGINIA M. WOMACK 6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased OCTOBER - 29 - 1855
(Month) (Day) (Year)

8. AGE: Years 87 Months 2 Days 16 If less than one day hr. _____ min.

9. Birthplace Putnam County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Coal Miner

11. Industry or business Coal Mine (Retired 20 years)

12. Name JACOB WOMACK

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

14. Maiden name LORENA BAUGHER

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

16. (a) Informant's own signature Thos L. P. Womack

(b) Address Unionville Mo

17. (a) BURIAL (b) Date thereof JAN - 17 - 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation UNIONVILLE MO SEMETERY

18. (a) Signature of funeral director Sam Stuck FUNERAL HOME

(b) Address Unionville Mo R. by J. W. Comstock

19. (a) 291/43 (b) _____
(Date received local registrar) (Registrar's initials)

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

Rev. 1-15-31

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 10

District File Number 2-73-346

Date Filed FEB 16 1943

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 James W Pomatoch
Licensed Embalmer No. 4197
P. O. Address Unionville M

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.

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Registrar's No. 10

1. PLACE OF DEATH:
(a) County Putnam
(b) City or town Unionville
(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 _____ (Specify whether)
years, months or days

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) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Levi Prestay Womack
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 M

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

7. Birth date of deceased Oct 24 (Month) (Day) (Year)

8. AGE: Years 87 Months 2 Days _____ If less than one day _____ min.

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

10. Usual occupation _____
11. Industry or business _____

MOTHER FATHER
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 _____ (Month) (Day) (Year)
(Burial, cremation, or removal)
(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____
(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ year 1943 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19____; that I last saw him _____ alive on _____ 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia
as specified
general debility
fractured hip

Due to _____ Duration 3 days

Due to accident, on 11/28/42
he got on train, missed
Other conditions clear and healed plan
(include pregnancy within 3 months of death) fractured hip

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) Accident
(b) Date of occurrence Dec 28, 1942

(c) Where did injury occur? Unionville, Putnam Co, Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home, started to get
train in crossing
While at work _____ means of injury falling & breaking hip

23. Signature Dr. H. W. Stollen (M.D. or other) _____
Address Unionville, Mo. Date signed Jan 20 1943

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

SUPPLEMENTARY

