

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

DEPARTMENT OF COMMERCE

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31510

State File No. _____

Registration District No. 118

Primary Registration District No. 5440

Registrar's No. 53

1. PLACE OF DEATH:

(a) County GASCONADE
(b) City or town RURAL CLAY TOWNSHIP
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
BLAND ROUTE 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether
In this community 1 DAY years, months or days)

3. (a) PRINT FULL NAME

Betty Jean Woemmel

3. (b) If veteran,
name war NO

3. (c) Social Security
No. NO

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married,
0 divorced SINGLE
6. (b) Name of husband or wife NONE 6. (c) Age of husband or wife if
alive NONE years
7. Birth date of deceased SEPT. 17 1943
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
X X X 12 hr. 0 min.

9. Birthplace BLAND ROUTE 1 0 MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

12. Name THOMAS WOEMMEL
13. Birthplace BEM. 0 MISSOURI
(City, town, or county) (State or foreign country)
14. Maiden name DESSIE HOWARD
15. Birthplace CLEAVESVILLE 0 MISSOURI
(City, town, or county) (State or foreign country)

16. (a) Informant THOMAS WOEMMEL
(b) Address BLAND MO
17. (a) BURIAL (b) Date thereof 9-18-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation CLEAVESVILLE CEM.

18. (a) Signature of funeral director W.F. GOTTENSTROETER
(b) Address OWENSVILLE
19. (a) 9-21-43 (b) Myrtle M. Winkel
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County GASCONADE
(c) City or town RURAL 037
(If outside city or town limits, write "RURAL")
(d) Street No. BLAND ROUTE 1 0
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country NO

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPT. day 18
year 1943 hour 2 minute 30 A.M.

21. I hereby certify that I attended the deceased from
Sept. 17 1943 to Sept. 18 1943
that I last saw her alive on Sept. 18 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Respiratory Failure - Immediate
Due to Prematurity - 7 months 12 Hrs.

Due to 159
Other conditions (Include pregnancy within 3 months of death)

Major findings: none
Of operations none
Of autopsy none

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?

23. Signature Paul A. Bruns (Specify type of place) (c) Means of injury 0
Address Owensville, Mo. Date signed 9-18-43

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.

NO EMBALMING

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.