

FILED NOV 28 1944

Registration District No. 274

Primary Registration District No. 3047

Registrar's No. 14

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

1. PLACE OF DEATH:

(a) County Newton  
(b) City or town Nesha  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: none  
(If not in hospital or institution, write street number or location) !  
(d) Length of stay: In hospital or institution 2 months (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Newton 7-2  
(c) City or town Nesha (If outside city or town limits, write "RURAL")  
(d) Street No. Sen. Del (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Mary Wanda Wamack

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

4. Sex F 5. Color or race w 6. (a) Single, widowed, married, divorced S  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Dec 7 1939  
(Month) (Day) (Year)

8. AGE: Years 4 Months 10 Days 21 If less than one day hr. min.

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

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Ray Wamack  
13. Birthplace Arkansas (City, town, or county) (State or foreign country)  
14. Maiden name Eloise Ruth  
15. Birthplace Arkansas (City, town, or county) (State or foreign country)

16. (a) Informant Ray Wamack

(b) Address Nesha, Mo

17. (a) Burial (b) Date thereof 11-1-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Jesus Cemetery

18. (a) Signature of funeral director Walter Thomas

(b) Address Weldon, Mo

19. (a) 11-1-1944 (b) Calvin Thompson  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 30  
year 1944 hour 10 minute 25 AM

21. I hereby certify that I attended the deceased from 10-30  
1944 to 10-30 1944

that I last saw her alive on 10-30 1944

and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Duration \_\_\_\_\_

Due to Severe burn of right chest and right arm and leg

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 181-15  
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 072

(b) Date of occurrence 10-22-44

(c) Where did injury occur? Nesha, Newton, Mo  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury D

23. Signature J. D. Reynolds, M.D. (M. D. or other)

Address Nesha, Mo Date signed 11-1-44

1110

RECEIVED NOV 21 1944

District Health Officer No. ....

District File Number 1044-226

Date Filed NOV 21 1944

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

*John Morris Vague*  
.....  
Licensed Embalmer No. 3442

P. O. Address Wheaton, 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.