

S. No. 2
M-5-42
7-5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20880

State File No.

FILED JUL 7 1945
Registration District No. 251

Primary Registration District No. 5811

Registrar's No. 21

70
0
0
WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD

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

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Montgomery
(c) City or town RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. I-2 mile south Montgomery Mo
(If rural, give location)
(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME James M. Womack
3. (b) If veteran, name war..... 3. (c) Social Security No.....

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 7
year 1945 hour..... minute I A M.
21. I hereby certify that I attended the deceased from May 20
1945, to June 7 1945
that I last saw him alive on June 6 1945
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Sophia 6. (c) Age of husband or wife if alive 88 years
7. Birth date of deceased Aug 21 st 1865
(Month) (Day) (Year)

Immediate cause of death
Coronary Thrombosis 17 days
Arterio-Sclerotic nephritis ?
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations.....
Of autopsy 131a

8. AGE: Years 79 Months 9 Days 16 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER
12. Name James Womack
13. Birthplace unknown
(City, town, or county) (State or foreign country)
14. Maiden name C. Larson
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Auther Womack
(b) Address St Louis Mo

17. (a) B (b) Date thereof 6-9-45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Montgomery City Cem

18. (a) Signature of funeral director C. W. Hopkins
(b) Address Montgomery city Mo

19. (a) June 11 - 45 (b) Mrs E. Vandave
(Date received local registrar) (Registrar's signature)

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?
While at work? (Specify type of place) Means of injury ?
23. Signature James O. Helm (M. D. or other) 5-8-1945
Address New Florence Mo. Date signed

1060

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 9,

District File Number _____

Date Filed

7-6-45

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 _____ on the 7th day of June 1945, _____ working under my personal supervision.

Registered Apprentice No. _____

Signed _____

C. W. Hopkins

Licensed Embalmer No. I487

P. O. Address. Montgomery City 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.