

FILED OCT 27 1945 STANDARD CERTIFICATE OF DEATH

State File No. 33827

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 815

1. PLACE OF DEATH: GREENE
 (a) County GREENE
 (b) City or town SPRINGFIELD
 (c) Name of hospital or institution: 2009 E. KEARNEY 1
 (d) Length of stay: In hospital or institution
 In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State MO. (b) County GREENE 39
 (c) City or town SPRINGFIELD 7
 (d) Street No. 2009 E. KEARNEY 6
 (e) Citizen of foreign country? NO. (Yes or No) 0
 If yes, name country

3. (a) PRINT FULL NAME GREEN BERRY WOMMACK
 (b) If veteran, name war NONE
 (c) Social Security No. NONE

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Oct day 10 year 1945 hour 12 minute noon M.
 21. I hereby certify that I attended the deceased from Jan 1945 to 10-10-45 19
 that I last saw him alive on 10-1-45 19
 and that death occurred on the date and hour stated above.

4. Sex MALE
 5. Color or race WHITE
 6. (a) Single, widowed, married, divorced MARRIED
 6. (b) Name of husband or wife ALLIE A. WOMMACK
 6. (c) Age of husband or wife if alive 80 years
 7. Birth date of deceased Dec. 14 1860
 (Month) (Day) (Year)

Immediate cause of death: Degenerative Heart Disease & Decompensation
 Due to Senility
 Duration 1 yr.

8. AGE: Years 84 Months 9 Days 26 If less than one day hr. min.

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

10. Usual occupation Retired Farmer (26 yr.)
 Farming

11. Industry or business Wm. Wommack

12. Name Wm. Wommack
 13. Birthplace Knoxville Tenn. 1
 (City, town, or county) (State or foreign country)

14. Maiden name Deliah Bass
 15. Birthplace unknown
 (City, town, or county) (State or foreign country)

16. (a) Informant Roy Wommack
 (b) Address Fair Grove Mo. R# 2

17. (a) Burial (b) Date thereof 10-13-45
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cedar Bluff Cem
 (d) Signature of funeral director W. Klingler & Co.

18. (a) Signature of funeral director W. Klingler & Co.
 (b) Address Springfield, Mo.

19. (a) 10-13-45 (b) Dr. W. H. Handley
 (Date received local Registrar) (Registrar's signature)

Other conditions: N
 (Include pregnancy within 3 months of death)
 Major findings: A5U
 Of operations
 Of autopsy

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

While at work? (Specify type of place) (e) Means of injury
 23. Signature (M. D. or other)
 Address Springfield, Mo. Date signed

PHYSICIAN
 Underline the cause to which death should be charged statistically.

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

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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..... *Ogden Stone Jr.*
Licensed Embalmer No. *4176*
P. O. Address..... *Springfield*

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.

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