

FILED DEC 7 1945
Registration District No. 206

Primary Registration District No. 3042

Registrar's No. 65

1. PLACE OF DEATH:

(a) County Madison

(b) City or town 509 Albert Fredericktown, Mo.
(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 _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Madison, ⁶²

(c) City or town Womack, Mo. ⁰
(If outside city or town limits, write "RURAL")

(d) Street No. 509 Albert St Fredericktown, Mo.
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME Margaret Louisa Womack

3. (b) If veteran, 0 name war _____

3. (c) Social Security No. 0

20. DATE OF DEATH: Month Nov. day 4
year 1945 hour 5:20 minute A.M.

21. I hereby certify that I attended the deceased from Sept 10th
1943 to Nov 4th 1945

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, 2 divorced widow

6. (b) Name of husband or wife Geo. W. Womack

6. (c) Age of husband or wife if alive 18 years

7. Birth date of deceased March 8 1860
(Month) (Day) (Year)

that I last saw her alive on Nov. 4th 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Auto-intoxication

Duration _____

8. AGE: Years Months Days If less than one day

85 7 26 _____ hr. _____ min.

Due to Cerebral Hemorrhage. 4 1/2 days

Due to _____

9. Birthplace Madison Co. 0
(City, town, or county) (State or foreign country)

Other conditions (include pregnancy within 3 months of death) _____

10. Usual occupation Housewife

Major findings: Of operations _____

11. Industry or business _____

Of autopsy 0

Underline the cause to which death should be charged statistically.

12. Name John Berry

13. Birthplace unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name unknown 9

15. Birthplace unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Clarence Womack

(b) Address Highway 1, Mo.

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? _____

(c) Place: burial or cremation Funeral Home

18. (a) Signature of funeral director Walt - [unclear]

(b) Address Fredericktown, Mo.

(Specify type of place) _____

While at work? _____ (e) Means of injury _____

19. (a) Nov 5 - 1945 (Date received local registrar)

(b) Florence Hicks (Registrar's signature)

23. Signature Keith L. Hull (M. D. or other) D.O.

Address Fredericktown, Mo. Date signed 11-5-45

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

200

RECEIVED

Health Officer No. 4
File Number 1245-1349
Date Filed 12-6-45

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 _____

Registered Apprentice No. _____

working under my personal supervision.

Signed John H. Holt
Licensed Embalmer No. 4264
P. O. Address Federicktown, 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.