S. No. 2
OM—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Bishop

State File No. 38185

FILED DEC 7 1945

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 291

1. PLACE OF DEATH:
(a) County PETTIS
(b) City or town SEDALIA
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1317 SOUTH GRAND AVE.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or Institution 30 YEARS (Specify whether years, months or days) In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County PETTIS
(c) City or town SEDALIA
(If outside city or town limits, write "RURAL")
(d) Street No. 1317 SOUTH GRAND AVE.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME EMMA WOMBLES
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex FEMALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife JAMES WOMBLES
6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased AUGUST (Month) 1 (Day) 1879 (Year)

8. AGE: Years	Months	Days	If less than one day
66	3	-	hr. min.

9. Birthplace ODESSA (City, town, or county) MISSOURI (State or foreign country)
10. Usual occupation HOUSEWIFE
11. Industry or business

MOTHER FATHER
12. Name SAM SHAW
13. Birthplace LEXINGTON (City, town, or county) MISSOURI (State or foreign country)
14. Maiden name -----
15. Birthplace ----- (City, town, or county) (State or foreign country)

16. (a) Informant JOE STOUT
(b) Address SEDALIA, MISSOURI
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof NOV. 3/45 (Month) (Day) (Year)
(c) Place: burial or cremation CROWN HILL
18. (a) Signature of funeral director Geo. Dullard
(b) Address SEDALIA, MISSOURI
19. (a) 11/2/45 (Date received local registrar) (b) W. C. Campbell (Registrar's signature)

1486

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV. day 1 year 1945 hour 12 minute 5 AM. M.
21. I hereby certify that I attended the deceased from 10-23-45, 19..., to 11-1-, 1945; that I last saw her alive on 10-31-, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis Acute Dilatation of the Heart
Due to Probably Coronary Insufficiency
Due to
Other conditions (Include pregnancy within 3 months of death)

Duration

Major findings:
Of operations
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)
(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? (Specify type of place)
While at work? (e) Means of injury

23. Signature W. J. Bishop (M. D. or other) M.D.
Address Sedalia Mo. Date signed 11-2-45

RECEIVED

District Health Officer No. 8

District File Number _____

Date Filed 12-6-44

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 Geo Dillard

Licensed Embalmer No. 3868

P. O. Address SEDALIA?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.