

FILED SEP 6 1946

State File No. _____

Registration District No. 240

Primary Registration District No. 4503

Registrar's No. 16

1. PLACE OF DEATH:

(a) County Stoddard
(b) City or town Bernie, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Died at home in Bernie, Missouri
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stoddard
(c) City or town Bernie
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Pamela Sue Womack

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 infant

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased May 16 1945
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
1 3 4 hr. _____ min.

9. Birthplace Bernie Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Glenn Womack
13. Birthplace Oklahoma
(City, town, or county) (State or foreign country)
14. Maiden name Louise Foster
15. Birthplace Bernie Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Louise Foster Womack
(b) Address Bernie Missouri

17. (a) Burial (b) Date thereof 8/21/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bernie, Missouri

18. (a) Signature of funeral director Ruth E. Drum

(b) Address Bernie Missouri

19. (a) 8/28-46 (b) Lottie Jeffress
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 20
year 1946 hour 5 minute 0 P.M.

21. I hereby certify that I attended the deceased from 8-19-1946 to 8-20-1946
that I last saw her alive on 8-19-1946
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia Duration 4 days

Due to _____

Due to _____

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

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? _____

While at work? _____ (Specify type of place)
(e) Means of injury 0

23. Signature Russell Ryan (M. D. or other) _____
Address Bernie Date signed 8-24-46

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

28163

RECEIVED

District Health Office No. 2,

District File Number 946-1061

Date Filed 9-3-46

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 J. G. Schuman

Licensed Embalmer No. 4086

P. O. Address Walden Ave

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.