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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 12 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 94004

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 407

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: 1300 South Grand (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days) In this community: 6 years

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.: 1300 South Grand (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country ____

3. (a) PRINT FULL NAME: Iva Myrtle Womble
3. (b) If veteran, name war: none
3. (c) Social Security No.: none
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Robert Lee Womble
6. (c) Age of husband or wife if alive: 71 years
7. Birth date of deceased: September 27, 1878 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
68	0	28	____ hr. ____ min.

9. Birthplace: Miller County, Mo. (City, town, or county) (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business ____
FATHER 12. Name: Harman Franklin
FATHER 13. Birthplace: unknown, unknown (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Fannie O'Bannon
MOTHER 15. Birthplace: Miller County, Missouri (City, town, or county) (State or foreign country)
16. (a) Informant: Robert L. Womble (husband)
(b) Address: 1300 S. Grand, Sedalia, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 10/28/46 (Month) (Day) (Year)
(c) Place: burial or cremation: Crown Hill
18. (a) Signature of funeral director: Duane Young
(b) Address: Sedalia, Missouri
19. (a) 10/29/46 (Date received by local registrar) (b) Betty Yeager (Registrar's signature) Deputy

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Oct. day: 25 year: 1946 hour: 11:15 minute: P. M.
21. I hereby certify that I attended the deceased from Oct 12, 1946 to Oct 25, 1946 that I last saw her alive on Oct 24, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Occlusion	
Due to: Arteriosclerosis + Cardiac Hypertrophy	
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature: Alfred E. Morris (M. D. or other) M.D.
Address: 1114 W. 4 Sedalia Mo. Date signed: 10-26-46

(Licensed Embalmer's Statement on Reverse Side)

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

95C

251

RECEIVED

Public Health Officer No. 8,

District File Number

Date Filed 11-9-46

Dr Monroe

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 Duane Ewing

Licensed Embalmer No. 3847

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.