No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 830

FILED FEB 6, 1948

Registration District No. 1 28

Primary Registration District No. 2000

Registrar's No. 69

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

1. PLACE OF DEATH:
(a) County Greene
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2139 Boonville Ave.,
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 20 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Greene 37
(c) City or town Springfield 2
(If outside city or town limits, write "RURAL")
(d) Street No. 2139 Boonville Ave., 6
(If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Albert Melvin Wommack
3. (b) If veteran, name war
3. (c) Social Security No. 491-03-6029
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Clara Wommack
6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased December 6, 1879
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
68	1	17	hr. min.

9. Birthplace Ky.
(City, town, or county) (State or foreign country)
10. Usual occupation City Utilities Employee
11. Industry or business Utility Employee
FATHER
12. Name Milton Wommack, Ky.
13. Birthplace
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Locky Grider
15. Birthplace Ky.
(City, town, or county) (State or foreign country)
16. (a) Informant Clara Wommack,
(b) Address 2139 Boonville, Springfield, Mo.
17. (a) Burial (b) Date thereof 1-25-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Rose Hill, Cem.
18. (a) Signature of funeral director Gene A. Brim
(b) Address Walnut Grove, Mo
19. (a) 1-28-48 (b) W. E. Handley MD
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 23,
year 1948 hour 7 minute 45 A. M.

21. I hereby certify that I attended the deceased from 2-17, 1947 to 1-23, 1948
that I last saw him alive on 7-14, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cardio-Renal-Vascular Disease	2 yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy 131A	

PHYSICIAN
Underline the cause of 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 [signature] (M. D. or other) MD
Address Springfield Mo. Date signed 1-23-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

MAR 15 1946

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 Rep Miller, Registered Apprentice No. 459, working under my personal supervision.

Signed Ogle Sloan Jr.

Licensed Embalmer No. 4136

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.