

FILED MAR 6 1948

Registration District No.

Primary Registration District No. 3020

Registrar's No. 27

1. PLACE OF DEATH:

(a) County Franklin.
(b) City or town Washington.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Francis Hospital.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days.
In this community 81 yrs.
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County Franklin.
(c) City or town Washington.
(If outside city or town limits, write "RURAL")
(d) Street No. 245 High St.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country X

3. (a) PRINT FULL NAME

Sophia Gomolo.

3. (b) If veteran, name war X

3. (c) Social Security No. X

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband Paul Gomolo. 6. (c) Age of husband 48 if alive, deceased years
7. Birth date of deceased March 2nd, 1866.
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>81</u>	<u>11</u>	<u>17</u>	hr. _____ min.

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

10. Usual occupation Home.

11. Industry or business X

MOTHER FATHER { 12. Name Frank Burak.
13. Birthplace Unknown, Germany.
(City, town, or county) (State or foreign country) 4
14. Maiden name Unknown.
15. Birthplace Unknown, Unknown.
(City, town, or county) (State or foreign country) 9

16. (a) Informant Mrs. Otto F. Kilmesherr
(b) Address 245 High St. Washington, Mo.

17. (a) Burial (b) Date thereof Feb. 21, 1948.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington, Mo.

18. (a) Signature of funeral director Milburg & Vitt, Inc.

(b) Address Washington, Mo.

19. (a) Feb. 20, 1948 (b) [Signature]
(Date received by registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 19th.
year 1948 hour 7:00 minute 10 A.M.

21. I hereby certify that I attended the deceased from Nov 8 to Feb 19, 1948
that I last saw h. alive on Feb 19, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Coronoma
of liver

Duration

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

H6F

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 _____

23. Signature [Signature] (M. D. or other) M.D.

Address Washington, Mo. Date signed 2-20-48

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

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed MAR 3 1948

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 *[Signature]*
Licensed Embalmer No. *2387*
P. O. Address *Washington Sw*

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.