

FILED JAN 26 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1609

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 3127 Registrar's No. 2

49  
6  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Webb City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Prosperity</u>	
c. LENGTH OF STAY at this place <u>4 months</u>		d. STREET ADDRESS (If rural, give location) <u>Joplin Rt. # 1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jane Chinn Hospital</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Sadie</u>	b. (Middle) <u>Jane</u>	c. (Last) <u>Wamack</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 3 1949</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Jan. 20, 1879</u>	9. AGE (In years last birthday) <u>69</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>17</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (State or foreign country) <u>Billings Missouri</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
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13a. FATHER'S NAME <u>John Calvin McGuire</u>	13b. MOTHER'S MAIDEN NAME <u>Judie L. Pengrass</u>	14. NAME OF HUSBAND OR WIFE <u>Reno Wamack, Deceased</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Albert Sumners</u> ADDRESS <u>Joplin Rt. # 1</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>uremia + Related Dyspepsia</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Recurrent Urinary Calculi + Metastatic carcinoma of the urinary bladder</u> DUE TO (c) <u>Carcinoma of esophagus</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <input checked="" type="checkbox"/>	19b. MAJOR FINDINGS OF OPERATION <input checked="" type="checkbox"/>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <input checked="" type="checkbox"/>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Oct 17, 1948, to Jan 3, 1949, that I last saw the deceased alive on Jan 2, 1949, and that death occurred at 12:05 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title)	23b. ADDRESS <u>Do 2 Webb City, Mo</u>	23c. DATE SIGNED <u>1/7/49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan. 5, 49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Carterville Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Carterville, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>JAN 4; 1949</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Johnston-Arnes Simpson</u> ADDRESS <u>Webb City, Mo.</u>
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APR 10 1949

**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

*Jack C. Simpson*  
 working under my personal supervision.

Student Embalmer No. *38*

Signed *Jack C. Simpson*  
 Student Embalmer

Signed *Harvey E. Bruce*

Licensed Embalmer No. *4463*

P. O. Address *W. B. Taylor, Jr.*

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.