

FILED FEB 12 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 1877

Registration District No. 104

Primary Registration District No. 5157A

Registrar's No. 10

1. PLACE OF DEATH:

(a) County Callaway
(b) City or town Rural - Colwood Township
(c) Name of hospital or institution:
(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 22

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 1/2 m. north of Colwood
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Alexander C. Womack
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced widowed
(b) Name of husband or wife Septia Womack 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased May 16 1867
(Month) (Day) (Year)

8. AGE: Years 72 Months 7 Days 24 If less than one day _____ hr. _____ min.

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

10. Usual occupation farmer

11. Industry or business _____

MOTHER FATHER
12. Name Jake Womack
13. Birthplace Mo (City, town, or county) (State or foreign country)
14. Maiden name Mo
15. Birthplace Mo (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Raymond Womack

(b) Address Onyx, Missouri

17. (a) Rural (b) Date thereof Jan 12, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Cemetery

18. (a) Signature of funeral director J. H. Waddell

(b) Address Fulton, Missouri

19. (a) Jan 12 1940 (b) R. M. Creder
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 10th
year 1940 hour Ten minute 15 P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him dead alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death Natural Causes from complete exhaustion of lung trouble or J.B.

Due to _____

Due to _____

Other conditions J.D.
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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 J. W. Johnson coroner (M.D. or other) _____

Address 9 E-8th St. Fulton, Mo Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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.....

Harold J. Christey

Licensed Embalmer No. *4002*

P. O. Address. *Dalton, 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, above space should be left blank.