

FILED JAN 4 1944

Registration District No. 100

Primary Registration District No. 5910

Registrar's No. _____

1. PLACE OF DEATH:

(a) County. McDonald

(b) City or town. Rura, Prairie TWP.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Southwest City MO R # I
(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) 53 Yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. McDonald

(c) City or town. Rura
(If outside city or town limits, write "RURAL")

(d) Street No. Southwest City MO, R. # I.
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME. Levi Bert Wemack.

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex. Male

5. Color or race. White

6. (a) Single, widowed, married, divorced. Married

6. (b) Name of husband or wife. Maggie Wemack.

6. (c) Age of husband or wife if alive. 62 years

7. Birth date of deceased. Jan. 26 1879
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>64</u>	<u>8</u>	<u>21</u>	hr. _____ min.

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

10. Usual occupation. Farming

11. Industry or business _____

12. Name. Joseph Wemack

13. Birthplace. Ill.
(City, town, or county) (State or foreign country)

14. Maiden name. Baily McCubbins

15. Birthplace. Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant. Maggie Wemack

(b) Address. Southwest City MO, R #, I.

17. (a) Burial
(Burial, cremation, or other)

(b) Date thereof. 10-20-43
(Month) (Day) (Year)

(c) Place: burial of _____ Fairview Cemetery

18. (a) Signature of funeral director. Charles Williams

(b) Address. Food City

19. (a) 10-10-43
(Date received local registrar)

(b) John Nickel
(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 17th,
year 1943 hour 6 minute 30 P. M.

21. I hereby certify that I attended the deceased from Jan 1943 to Oct 17 1943
that I last saw him alive on Oct 17 1943
and that death occurred on the date and hour stated above.

Immediate cause of death. cardiac decompensation

Due to. influenza

Due to _____

Other conditions. 33a
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

Duration
9 days

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)

(a) Manner of injury _____

(b) Signature. H. D. Fountain M. D. or other _____

(c) Address. Food City

(d) Date signed. 10-25

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

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.....

Licensed Embalmer No.....

P. O. Address.....

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.