

Registration District No. **144**

Primary Registration District No. **4234**

1. PLACE OF DEATH:

(a) County **Iron**
(b) City or town **Ironton**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **St. Mary's Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **3 weeks**
(Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Iron**
(c) City or town **Bellevue**
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Susan Arbell Womble**

3. (b) If veteran, name war **no** 3. (c) Social Security No. **none**

4. Sex **fem** / 5. Color or race **white** 6. (a) Single, widowed, married, divorced **married**

6. (b) Name of husband or wife **Frank Womble** 6. (c) Age of husband or wife if alive **66** years

7. Birth date of deceased **Dec. 16 1886**
(Month) (Day) (Year)

8. AGE: Years **57** Months **2** Days **28** If less than one day
hr. _____ min. _____

9. Birthplace **Bellevue Mo.** (City, town, or county) (State or foreign country)

10. Usual occupation **at home**

11. Industry or business _____

MOTHER FATHER { 12. Name **William Fahland**
13. Birthplace **Germany** (City, town, or county) (State or foreign country)
14. Maiden name **Anna Scarborough**
15. Birthplace **unknown** (City, town, or county) (State or foreign country)

16. (a) Informant **Frank Womble**

(b) Address **Bellevue Mo.**

17. (a) **burial** (b) Date thereof **3-16-44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Bellevue Mo.**

18. (a) Signature of funeral director **Norman White & Sons**

(b) Address **Rural White Ironton Mo**

19. (a) **March 19, 1944** (b) **Mrs. Cransie Howard**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **14**
year **1944** hour **7** minute **35 P.**

21. I hereby certify that I attended the deceased from **Feb. 18**, 1944, to **March 14**, 1944,
that I last saw her alive on **March 14**, 1944,
and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of sigmoid colon** Duration **3 mos.**

Due to _____

Due to _____

Other conditions **Acute parotitis, left**
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy **H6**
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 **Ben W. Bull** (M. D. or other) **M.D.**
Address **Ironton, Mo.** Date signed **3-17-44**

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

RECEIVED

District Health Officer No. 4
District File Number 440-363
Date Filed APR 12 1944 - 7-44

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 Arnel J. White

Licensed Embalmer No. 3012

P. O. Address Boston, Mass.

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.