

S. No. 2
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5-17-39
PI X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 21 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8727
Registrar's No. _____

Registration District No. 124

Primary Registration District No. 5462

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

1. PLACE OF DEATH:
(a) County Greene
(b) City or town Fair Grove Rt. 2
(If outside city or town limits, write "RURAL" and name of 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 All his life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene 39
(c) City or town Fair Grove Rt, 2 0
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) 0
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Frank M. Wommack
3. (b) If veteran, name war No 3. (c) Social Security No. No

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb. day 22
year 1947 hour 9 minute 50 A.M.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mamie Wommack
6. (c) Age of husband or wife if alive 76 years
7. Birth date of deceased Dec. 30 1869
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 1947, to _____, 1946, that I last saw him alive on _____, 1943, and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
77 1 22 hr. _____ min.

Immediate cause of death Cerebral hemorrhage Duration 4.8 hours

9. Birthplace Greene Co. Mo. (City, town, or county) (State or foreign country)

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation Farmer
11. Industry or business
12. Name Wilson Wommack
13. Birthplace North Carolina (City, town, or county) (State or foreign country)
14. Maiden name Nettie Bass
15. Birthplace Missouri (City, town, or county) (State or foreign country)

Major findings: Of operations 83A
Of autopsy _____

16. (a) Informant Mamie Wommack
(b) Address Fair Grove Rt. 2
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2 23 1947 (Month) (Day) (Year)

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? 2

(c) Place: burial or cremation Cedar Bluff
18. (a) Signature of funeral director J.W. Klingner & co.
(b) Address Springfield, Mo
19. (a) 2/23/47 (Date received local registrar) (b) Mrs. Porter O'Well (Registrar's signature)

While at work? _____ (Specify type of place)
(c) Means of injury _____

2109 (Licensed Embalmer's Statement on Reverse Side)

23. Signature Ray Gousserman (M. D. or other) DO.
Address Fair Grove 740 Date signed 2/22/47

PHYSICIAN
Underline the cause to which death should be charged statistically.

RECEIVED

Greene County Health Office,

County File Number 77-3-32

Date Filed 3-19-47

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 *Ogle Stone Jr.*

Licensed Embalmer No. 4176

P. O. Address Springfield

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.