

S. No. 2
-12-45
5-17-39
PI X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 1 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13336**

Registration District No. **144**

Primary Registration District No. **4234**

Registrar's No. **19**

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:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community **4 years** years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Iron** **47**

(c) City or town **Ironton** /
(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 **Mary Permelia Womack**

3. (b) If veteran, name war **no**

3. (c) Social Security No. **none**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **12**
year **1947** hour **12** minute **17 P.M.**

4. Sex **fem /**

5. Color or race **white**

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

6. (b) Name of husband or wife **John A. Womack**

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

7. Birth date of deceased **Dec. 9 1863**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **April 6**, 19**47**, to **April 12**, 19**47**
that I last saw her alive on **April 6**, 19**47**,
and that death occurred on the date and hour stated above.

8. AGE: Years **83** Months **4** Days **3** If less than one day
hr. _____ min. _____

Immediate cause of death **Cerebral apoplexy** **6 days**
Duration

9. Birthplace **Perry Co. Mo.** (City, town, or county) (State or foreign country) **0**

Due to **Arteriosclerosis general**
Arterial hypertension

10. Usual occupation **retired**

Due to _____

11. Industry or business _____

Other conditions (Include pregnancy within 3 months of death) **037**

12. Name **Samuel Clifton**

Major findings: Of operations _____

13. Birthplace **Perry Co. Mo.** (City, town, or county) (State or foreign country) **0**

14. Maiden name **Sarah E. Welker**

15. Birthplace **Perry Co. Mo.** (City, town, or county) (State or foreign country) **0**

16. (a) Informant **Mrs. Georgia Jones**

(b) Address **Ironton Mo.**

17. (a) **burial** (Burial, cremation, or removal) (b) Date thereof **4-14-47**
(Month) (Day) (Year)

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

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

(b) Address **Ironton Missouri**

19. (a) **4-27-47** (Date received local registrar) (b) **Mrs. Georgia Jones** (Registrar's signature) **170**

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 **0**

23. Signature **Bram Bull** (M. D. or other)

Address **Ironton, Mo.** Date signed **4-16-47**

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

MOTHER FATHER

RECEIVED

District Health Officer No. 4
District File Number 447-621
Date Filed 4-20-47

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 Archie J. White
Licensed Embalmer No. 2012
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.