No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 23 1947

Registration District No. 160

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

24634 State File No.

Primary Registration District No. 5592 Registrar's No. 50

1. PLACE OF DEATH:

(a) County Jefferson

(b) City or town Herculaneum
(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
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson 50

(c) City or town Herculaneum 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME ETTA (SKAGGS) WOMACK

3. (b) If veteran, name war ######

3. (c) Social Security No. #########

4. Sex Female /

5. Color or race White

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

6. (b) Name of husband or wife Robert Womack

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

7. Birth date of deceased February (Month) 6 (Day) 1882 (Year)

8. AGE: Years	Months	Days	If less than one day
65	4	15	____ hr. ____ min.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 21
year 1947 hour 10 minute 45 A.M.

21. I hereby certify that I attended the deceased from 12/9/43, 19__, to 6/21, 1947, that I last saw h. alive on June 21, 1947, and that death occurred on the date and hour stated above.

Duration
Immediate cause of death: Cerebral Hemorrhage — 10 min
Due to: Arteriosclerosis + Hypertension — 4 years
Due to:
Other conditions (Include pregnancy within 3 months of death): None
Major findings: Of operations: None / Of autopsy: None

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER

12. Name Thos. Jefferson Skaggs

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

14. Maiden name Emily Reeves

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

16. (a) Informant Cecil Womack

(b) Address Herculaneum, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/23/47 (Month) (Day) (Year)

(c) Place: burial or cremation Herculaneum, Missouri

18. (a) Signature of funeral director Fink Funeral Parlor

(b) Address Festus, Missouri

19. (a) June 25 1947 (Date received local registrar) (b) Cleaon Gallemly (Registrar's signature)

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?

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (City or town) (County) (State)

While at work (Specify type of place) (e) Means of injury

23. Signature [signature] (M. D. or other)

Address Herculaneum Mo Date signed 6/24/47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,

District File Number 7-22-47

Date Filed

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.....

J. D. Fink, Registered Apprentice No. 498

working under my personal supervision.

Signed Elena Province

Licensed Embalmer No. 3403

P. O. Address Festus, Missouri

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.