

656 JAN 24 1939

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

43795  
Do not use this space.

1. PLACE OF DEATH  
(a) County Muller Registration District No. 562  
(b) Township Richwoods Primary Registration District No. 5757  
(c) City Dixon, Mo. R3 (d) Street No. \_\_\_\_\_ St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME J. Josephine Woody  
(a) Residence, No. Muller Co. Mo. Dixon, Mo. R3 St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF David Woody  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 19-1871  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
67 2 15  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housekeeper  
9. Industry or business in which work was done, as saw mill, bank, etc. Farm  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation Life

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 2, 1938  
22. I HEREBY CERTIFY, That I attended deceased from Nov. 15, 1938, to Dec 2, 1938  
I last saw her alive on Dec 2, 1938. Death is said to have occurred on the date stated above, at 8:30 a.m.  
The principal cause of death and related causes of importance were as follows:  
Interstitial nephritis (chronic) Date of onset unknown  
Chronic Myocarditis extensive  
Other contributory causes of importance:  
Chronic Myocarditis extensive  
Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? urinalysis Was there an autopsy? no  
23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? X Date of injury X, 1938.  
Where did injury occur? X (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.  
Manner of injury X  
Nature of injury X  
24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify \_\_\_\_\_ (Signed) Donley Gates M. D. unknow  
(Address) unknow Mo

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ibriena Mo.  
13. NAME Archilles Whitaker  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ibriena Mo.  
15. MAIDEN NAME Nancy Crisman  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Vienna Mo.  
17. INFORMANT William Woody  
(ADDRESS) Dixon, Mo. R3  
18. BURIAL, CREMATION, OR REMOVAL PLACE Brook's Plum, Newashine, Mo. R1 DATE Dec-6-38  
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Ch. G. Gandy  
Ibriena Mo  
20. FILED Jan 6 1939 Mrs. W. L. von Krause (Address) 496  
Local Registrar

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD  
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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**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

*E. C. Casey*

Licensed Embalmer No.

*2694*

P. O. Address

*St. Louis, Mo*

**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, above space should be left blank.**