

DEC'D FEB 24 1939

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

2785

Do not use this space.

1. PLACE OF DEATH

(a) County Knox Registration District No. 441
 (b) Township 1 Primary Registration District No. 4259 Registered No. 1
 (c) City Edina (d) Street No. _____ (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 5 yrs. mos. ds. (f) How long in U.S. if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

313 Mary Elizabeth Woodard
 (a) Residence, No. Edina Mo. 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) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sanford Woodard

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 27, 1862

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
77 5 13

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
 9. Industry or business in which work was done, as saw mill, bank, etc. Housewife
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Bath County (STATE OR COUNTRY) Kentucky

FATHER 13. NAME Robert Miller

14. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY) _____

MOTHER 15. MAIDEN NAME Feldian Gray

16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) _____

17. INFORMANT (ADDRESS) Carl Woodard Edina Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Linville Cemetery DATE Jan 13, 1939

19. FUNERAL DIRECTOR (NAME) Paul C. Kneiphauser (ADDRESS) Edina Mo.

20. FILED Jan 11, 1939 Mr. C. M. Smith Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 10, 1939

22. I HEREBY CERTIFY That I attended deceased from Jan 8, 1939, to Jan 10, 1939

I last saw her alive on Jan 9, 1939. Death is said to have occurred on the date stated above, at 11 P.M.

The principal cause of death and related causes of importance were as follows:

Acute Endocarditis

Date of onset

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) C. E. Luman, M. D.

275 (Address) Edina Mo.

RECEIVED

District Health Officer No. 10

District File Number 18-39-68

Date Filed FEB 12 1939

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 Paul C. Kriegshauser

Licensed Embalmer No. 4085

P. O. Address Edina 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.