

Registration District No. **577**

Primary Registration District No. **5775**

Registrar's No. **10**

1. PLACE OF DEATH:

(a) County **Monticau**  
(b) City or town **Rural** **2**  
(c) Name of hospital or institution **First Baptist Church G.P.**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **82 yr** (Specify whether **W/P**)  
In this community **2 1/2** years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO** (b) County **Monticau**  
(c) City or town **Rural** (If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME **Sarah Ann Allen Woodard**

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex **Female** 5. Color of race **W** 6. (a) Single, widowed, married, divorced **M**

6. (b) Name of husband or wife **John Woodard** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **Nov 8 1857**  
(Month) (Day) (Year)

8. AGE: Years **82** Months **8** Days **7** If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace **Monticau MO**  
(State or foreign country)

10. Usual occupation **House wife**

11. Industry or business \_\_\_\_\_

12. Name **Burford Allen**

13. Birthplace **Missouri** (State or foreign country)

14. Maiden name **Clara Wade**

15. Birthplace **Cole Co MO** (State or foreign country)

16. (a) Informant **John Woodard**

(b) Address **California MO**

17. (a) **Evangelical Church** (b) Date thereof **7/16/40**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Evangelical Church**

18. (a) Signature of funeral director **W. L. Murrell**

(b) Address **California MO**

19. (a) **8-13-40** (b) **Madison Nathan**  
(Data received local registrar) (He, she, or it)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **15** year **1940** hour **5:30 A.** Minute \_\_\_\_\_ M. \_\_\_\_\_

21. I hereby certify that I attended the deceased from **July 14** 19 **40** to **July 15** 19 **40** and that death occurred on the date and hour stated above. Duration **40**

Immediate cause of death \_\_\_\_\_

**Cerebral Apoplexy**

Due to \_\_\_\_\_

**Hypertension**

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN

Underline the cause to which death should be charged statistically.

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? \_\_\_\_\_

23. Signature **W. L. Murrell** (Specify type of place) **509** (e) Means of injury \_\_\_\_\_

28. Signature **W. L. Murrell** (Home or other) **3**  
Address **Parsellville, Mo.** Date signed **7/18/40**

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

**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 *H.E. Friedmeyer*

Licensed Embalmer No. *2854*

P. O. Address *California, W.*

**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.**