

No. 2
4-13-40
5-17-39
PI X23159

Registration District No. 318

Primary Registration District No. 2001

1. PLACE OF DEATH:

(a) County GREENE
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1701 Park Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community Aug. 2 to November 1940 (Specify whether
years, months or days) 3

3. (a) PRINT FULL NAME Harriet Woods-

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Eligah Woods 6. (c) Age of husband or wife if alive deceased years _____

7. Birth date of deceased Aug. 27 (Month) (Day) (Year) 1845

8. AGE:	Years	Months	Days	If less than one day
<input checked="" type="checkbox"/>	<u>95</u>	<u>2</u>	<u>29</u>	hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business (Retired)

12. Name Jonas King

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

14. Maiden name Mary A. Barnes

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

16. (a) Informant Mrs Nellie Schelhart

(b) Address Springfield Mo

17. (a) Burial (b) Date thereof Nov. 29-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Truveloy Mo.

18. (a) Signature of funeral director Gene A. B...

(b) Address Walnut Grove

19. (a) Nov. 27, 1940 (b) W. E. Handley
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County Greene
(c) City or town Walnut Grove Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 0 (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 26
year 1940 hour 8 minute 30 P.M.

21. I hereby certify that I attended the deceased from Jan. 10, 1940 to Nov. 26, 1940
that I last saw her alive on Nov. 26, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho-Pneumonia Duration 1 da.

Due to Influenza 4 da.

Due to _____

Other conditions (Include pregnancy within 3 months of death) 11/11

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? _____

9 ft (Specify type of place)
While at work? _____ Means of injury _____

23. Signature Ed C. Stettin (M. D. or other) 11/27/40

Address Springfield Mo. Date signed 11/27/40

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

7
3
1
0

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 Gene A. Brown

Licensed Embalmer No. 7664

P. O. Address Waverly Green 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, fact should be so stated above.

X