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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FEB 17 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 2281

Registration District No. 207 Primary Registration District No. 4126 Registrar's No. 29-1

1. PLACE OF DEATH:

(a) County Clinton

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

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clinton 25

(c) City or town Plattsburg 3
(If outside city or town limits write "RURAL") 0

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

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Mary Isivila Woodward

8. (b) If veteran, name war

3. (c) Social Security No. none

4. Sex Female

5. Color or race white

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

6. (b) Name of husband or wife R. C. Woodward

6. (c) Age of husband or wife if alive 91 years

7. Birth date of deceased March (Month) 8 (Day) 1867 (Year)

8. AGE: Years 73 Months 10 Days 4 If less than one day hr. min.

9. Birthplace Turney (City, town, or county) Mo. (State or foreign country)

10. Usual occupation House wife

11. Industry or business

MOTHER FATHER

12. Name Not Known

13. Birthplace Not Known (City, town, or county) — (State or foreign country)

14. Maiden name Not Known

15. Birthplace Not Known (City, town, or county) (State or foreign country)

16. (a) Informant M. J. Woodward

(b) Address Plattsburg Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 14 41 (Month) (Day) (Year)

(c) Place: burial or cremation Greenlawn Plattsburg

18. (a) Signature of funeral director O'Brien-Lyons

(b) Address Plattsburg Mo.

19. (a) Jan 14-1941 (Date received local registrar) (b) Emlee Chastain (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 12 year 1941 hour 1 minute 45 A.M.

21. I hereby certify that I attended the deceased from Oct 28, 1940, 19__, to Jan. 12, 1941, 19__; that I last saw her alive on Jan. 10, 1941, 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Arteriosclerosis	
Due to (Apoplexy)	
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature S D Reynolds (M. D. or other)

Address Plattsburg, Mo. Date signed 1-13-41

(Licensed Embalmer's Statement on Reverse Side)

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 Darrell D. Lyon

Licensed Embalmer No. 3640

P. O. Address Plattsburg 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.