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X28390

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

Registration District No. 76 Primary Registration District No. 511013
State File No. _____ Registrar's No. 5

1. PLACE OF DEATH:
(a) County Boone Co.
(b) City or town Cedar Rump
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri County Boone
(c) City or town Bellevue Ashland
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location) 0
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME JUDITH ANN WOODS
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 6 day 7
year 1941 hour 8 minute 30 P.M.
21. I hereby certify that I attended the deceased from _____
_____ 19____ to _____ 19____
that I last saw h_____ alive on _____ 19____
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race white
6. (a) Single, widowed, married, divorced Infant
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

Immediate cause of death _____
Seven months birth
Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death) 154

7. Birth date of deceased: June 7, 1941
(Month) (Day) (Year)
8. AGE: Years _____ Months _____ Days 1 If less than one day
_____ hr. _____ min.

154
Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

9. Birthplace Boone Co Mo
(City, town, or county) (State or foreign country)
10. Usual occupation _____

MOTHER FATHER
11. Industry or business _____
12. Name John F. Woods
13. Birthplace Audrain Co. Mo
(City, town, or county) (State or foreign country)
14. Maiden name Ma Bennett
15. Birthplace Boone Co. Mo
(City, town, or county) (State or foreign country)

16. (a) Informant John F. Woods
(b) Address Ashland Mo
17. (a) Burial (b) Date thereof 6-8-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation at Home
18. (a) Signature of funeral director none
(b) Address _____
19. (a) 0130-4 (b) H.A. Mendenyer
(Date received local registrar) (Registrar's signature)

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?
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature L. P. Megee (M. D. number) 11
Address Haveling Date signed _____

