

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 14 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 24827

Registration District No. 163

Primary Registration District No. 5228

Registrar's No. 40

1. PLACE OF DEATH:

(a) County Cedar
(b) City or town Rural, Box 74
(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 1 (Specify whether years, months or days)
In this community 1 years, months or days

3. (a) PRINT FULL NAME

JANE WOODY

3. (b) If veteran, name war m

3. (c) Social Security No. none

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced, widowed
(b) Name of husband or wife EDWARD WOODY 6. (c) Age of husband or wife if alive Dec 12 1859
7. Birth date of deceased December 12 1859
(Month) (Day) (Year)

8. AGE: Years 81 Months 7 Days 17 If less than one day hr. min.

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

10. Usual occupation housewife

11. Industry or business

12. Name Flem Thompson
13. Birthplace Ky (City, town, or county) (State or foreign country)
14. Maiden name Louisa Taylor
15. Birthplace Ky (City, town, or county) (State or foreign country)

16. (a) Informant Edward Harkin
(b) Address El Dorado Springs, Mo. R2
17. (a) Bural (Burial, cremation, or removal) (b) Date thereof 7-30-41 (Month) (Day) (Year)
(c) Place: burial or cremation Martin (Ken) Cedar Co.

18. (a) Signature of funeral director Edwin Siders
(b) Address El Dorado Springs, Mo.
19. (a) 7-30-41 (Date received local registrar) (b) J. H. Dawson (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County Cedar
(c) City or town RURAL (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29 year 1941 hour 3 minute 30 P. M.

21. I hereby certify that I attended the deceased from January 1941 to July 29 1941
that I last saw him alive on July 29 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to

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?

While at work? (Specify type of place) (c) Means of injury

23. Signature L. F. Thompson (M. D. or other)
Address El Dorado Springs, Mo. Date signed 7/30/41

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 7,

District File Number

Date Filed

8-41-1274

8-8-41

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.....

M. D. Lewis

Licensed Embalmer No. *2034*

P. O. Address

El Dorado Springs, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.