

Registration District No. 173

Primary Registration District No. 4448

Registrar's No. 17

1. PLACE OF DEATH:

(a) County St. Francois County
(b) City or town (near) Farmington, Missouri
(c) Name of hospital or institution: State Hospital No. 4
(d) Length of stay: In hospital or institution 2 yr., 4 mos., 25 days.
In this community 2 yr., 4 mos., 25 days.

3. (a) PRINT FULL NAME Margaret Woods

3. (b) If veteran, name war..... 3. (c) Social Security No. None

4. Sex F. 5. Color or race W. 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife William Woods 6. (c) Age of husband or wife if alive U.K. 1876
7. Birth date of deceased November 19 1876

8. AGE: Years 65 Months 6 Days 26 If less than one day hr. min.

9. Birthplace Grubville Missouri

10. Usual occupation Domestic

11. Industry or business

12. Name Jack Carrow

13. Birthplace Grubville Missouri

14. Maiden name Marguerite McKay

15. Birthplace Grubville Missouri

16. (a) Informant Records of State Hospital No. 4

(b) Address Farmington, Missouri

17. (a) Burial (b) Date thereof 6-16-42

(c) Place: burial or cremation State Hospital Cemetery

18. (a) Signature of funeral director Chas Richardson

(b) Address Farmington, Mo.

19. (a) June 16, 1942 (b) Byrdie Burkhardt

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson
(c) City or town Grubville
(d) Street No. Route
(e) Citizen of foreign country? 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 14th year 1942 hour 6:50 minute P. M.

21. I hereby certify that I attended the deceased from January 2nd 1940 to June 14 1942
that I last saw her alive on June 14th 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Langrene of left lower extremity Duration 2 mos.
Due to Arteritis obliterans ?
Due to Arteriosclerosis, generalized and marked chronic myocarditis ?
Other conditions Diabetes mellitus ?
Major findings: Psychosis with cerebral arteriosclerosis and operations on prostate gland at middle high revealed marked sclerosis and narrowing of general and other arteries 2 yr. PHYSICIAN
no autopsy 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?.....
(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 C. C. Quilt (M. D. or other).....
Address Farmington, Mo. Date signed 6/15/42

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

1196

RECEIVED

District Health Officer No. 4
District File Number 742-956
Date Filed 7-9-42

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.

This Body Not Embalmed

Signed Chas. Richardson

Licensed Embalmer No. 3167

P. O. Address Langston Ma

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.