

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 25008

Filed AUG 11 1942

Registration District No. 668

Primary Registration District No. 5882

Registrar's No. 266

1. PLACE OF DEATH:

(a) County. Pettis
(b) City or town. Rural, Green Ridge Twsp.
(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. 3 years
(Specify whether years, months or days)
In this community.

3. (a) PRINT FULL NAME Mrs. Anna Kaufman Woodard

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

4. Sex. Fe / 5. Color or race. White 6. (a) Single, widowed, married, divorced. Married
6. (b) Name of husband or wife. Charles Woodard 6. (c) Age of husband or wife if alive. 68 years
7. Birth date of deceased. October 20 1879
(Month) (Day) (Year)

8. AGE: Years 62 Months 9 Days 8 If less than one day hr. min.

9. Birthplace. Sullivan / Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation. Housewife

11. Industry or business.

12. Name. Alexander Kaufman
13. Birthplace. Meron Indiana /
(City, town, or county) (State or foreign country)
14. Maiden name. Lucy Pinkston
15. Birthplace. Meron Indiana /
(City, town, or county) (State or foreign country)

16. (a) Informant. Charles Woodard
(b) Address. Windsor, Missouri
17. (a) Burial (b) Date thereof. 7-29-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation. Windsor, Missouri

18. (a) Signature of funeral director. Huston-Turner
(b) Address. Windsor, Missouri

19. (a) 7-29-42 (b) Mrs. Anna Berger
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. Pettis
(c) City or town. Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Route #1, Windsor
(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 28
year. 1942 hour 4:20 a minute M.

21. I hereby certify that I attended the deceased from Jan. 2
1942 to July 28, 1942
that I last saw her alive on July 24
and that death occurred on the date and hour stated above.

Immediate cause of death. Cancer of the Colon, following ulcerative
Cancer operated on 1940
Duration 8 Mo

Due to

Due to

Other conditions.
(Include pregnancy within 3 months of death)

Major findings: Extensive lesions
Of operations of intestines and peritoneum
Of autopsy of cancerous nature

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) (e) Means of injury
23. Signature. J.A. Blackmore (M. D. or other) M.D.
Address. Windsor Mo Date signed 7-28-42

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 7-7-42

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.

Signed

Edmund H. Hester

Licensed Embalmer No.

3391

P. O. Address

Windsor, 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.