

Registration District No. 290

Primary Registration District No. 5783

Registrar's No. 105

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

1. PLACE OF DEATH:

(a) County Pulaski

(b) City or town Rural (Waynesville-Cullen
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: None

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pulaski

(c) City or town Rural (Cullen Township)
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? no (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Mary Lou Woods

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Dec. 22, 1938
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

3	8	29	hr. min.
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9. Birthplace Waynesville, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business _____

12. Name Wayne Woods

13. Birthplace Pulaski Co. Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Eva Stockton

15. Birthplace Crocker, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Eva Woods

(b) Address Waynesville, Mo.

17. (a) Burial (b) Date thereof 9/23/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mitchell Cem.

18. (a) Signature of funeral director J. L. Hoops & Sons.

(b) Address Crocker, Mo.

19. (a) 10-16-1942 (b) Chas M. Dodd
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 21 year 1942 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Sept. 7 1942 to Sept 21 1942; that I last saw her alive on Sept 21 1942; and that death occurred on the date and hour stated above.

Immediate cause of death Tobacco Pneumonia Complicated with Typhoid Fever. Duration _____

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) (e) Means of injury _____

23. Signature R. O. DeWitt (M. D. or other) MD

Address September 30, 1942 Date signed _____

RECEIVED

Pulaski County Health Officer

File Number 11-42-196

Date Filed 11-5-42

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 Paul B. Hoops

Licensed Embalmer No. 3261

P. O. Address Waynesville, 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.