S. No. 2
M—5-42
5-17-39
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9721

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No.

LED APR 14 1943

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 349

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

1. PLACE OF DEATH:

(a) County Buchanan,

(b) City or town Saint Joseph
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2004 South 18th. Street,
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 39 yrs, 6 Mos. 8 Days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County Buchanan

(c) City or town Saint Joseph,
(If outside city or town limits, write "RURAL")

(d) Street No. 2004 South 18th.
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Mable Josephine Woods,

3. (b) If veteran, name war None,

3. (c) Social Security No. 487-20-1808

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Basil B. Woods,

6. (c) Age of husband or wife if alive 36 years

7. Birth date of deceased September 13th. 1903
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
39	6	8	hr. min.

9. Birthplace Saint Joseph, Missouri, 0
(City, town, or county) (State or foreign country)

10. Usual occupation Typesetter,

11. Industry or business Letter & Advertising,

FATHER
12. Name William J. Welsh,
13. Birthplace Saint Joseph, Missouri, 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Anna May Brockus
15. Birthplace Saint Joseph, Missouri, 0
(City, town, or county) (State or foreign country)

16. (a) Informant Basil B Woods
(b) Address 2004 So.18th. Street, St Joseph Mo

17. (a) Burial (Burial, cremation, or removal) (c) Date thereof 3/23/43
(Month) (Day) (Year)

(d) Place: burial or cremation Ashland Cemetery,

18. (a) Signature of funeral director Heston-McGale Bowman Funeral Home
(b) Address 319 So.10th. Street,

19. (a) 3-23-43 (Date received local registrar) (b) Rae Herzog (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 21
year 1943 hour 10 minute 06 P.M.

21. I hereby certify that I attended the deceased from Sept 28, 1942, to March 16, 1943
that I last saw her alive on March 16, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cirrhosis of Liver non-alc.

Duration June 1942

Due to

Due to

Other conditions Neph. Chg. - 1246
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy None

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?
(Specify type of place)

While at work (e) Means of injury

23. Signature Frank H Hardegaue (M. D. or other)

Address 620 Francis Date signed 3/22/43

1233

(Licensed Embalmer's Statement on Reverse Side)

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~~ 3/21/

, Registered Apprentice No. ✓

working under my personal supervision.

Signed Harold Bowman

Licensed Embalmer No. 3619

P. O. Address St Joseph, M

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.