

FILED APR 8 1943

Registration District No. 77

Primary Registration District No. 5375

Registrar's No. 99

1. PLACE OF DEATH:

(a) County Dekalb

(b) City or town Santa Rosa Dekalb Hosp.  
(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 \_\_\_\_\_ (Specify whether)

In this community entire life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Dekalb

(c) City or town Santa Rosa  
(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 Catherine Woody

3. (b) If veteran, name war X

3. (c) Social Security No. X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 6  
year 1943 hour 7 minute 00 P. M.

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife Jessie K. Woody

6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased Nov 7 1872  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from viewed the body 19\_\_\_\_; that I last saw him alive on 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pectoris  
Coronary-vascular disease

Duration 7

8. AGE: Years 70 Months 2 Days 29  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace De Kalb Co Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Joseph Dudley Armstrong

13. Birthplace ILL  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Bledsoe

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

16. (a) Informant walter wandy

(b) Address Santa Rosa Mo

17. (a) Burial (b) Date thereof 2-8-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hopewell

18. (a) Signature of funeral director S. Spomer

(b) Address Pattonburg, Mo.

19. (a) 3-4-43 (b) C. M. Dingley  
(Date received local registrar) (Registrar's signature)

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 93d

Major findings: Of operations \_\_\_\_\_

Of autopsy none

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 Arthur E. Rockwood (M. D. or other) F. De

Address Union Bluff, Mo. Date signed 4/11/43

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

1248

(Licensed Embalmer's Statement on Reverse) Spomer & De Kalb Co, Mo.

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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

*G. S. Gomer*

Licensed Embalmer No. 2857

P. O. Address Pattonsburg, 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.**