

FILED APR 3 1943

Registration District No. 280

Primary Registration District No. 4418

Registrar's No. 8

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

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1. PLACE OF DEATH:

(a) County Platte
(b) City or town Carden Point
(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 None
In this community 50 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Platte
(c) City or town Camden Point
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A? 0 years

3. (a) PRINT FULL NAME Jennie Woodson

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

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced 2

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

7. Birth date of deceased June 23rd, 1854
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
88 7 9 _____ hr. _____ min.

9. Birthplace Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation house keeping

11. Industry or business none

12. Name Noah Davidson

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

14. Maiden name Lucinda Brown

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

16. (a) Informant Ray Woodson

(b) Address Carden Point

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/3/1943
(Month) (Day) (Year)

(c) Place: burial or cremation Carden Point

18. (a) Signature of funeral director Reuben Davis

(b) Address Dearborn, Missouri

19. (a) Apr 3rd, 1943 (Date received local registrar) (b) Mrs. Clay Hiffie (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 12 year 1943 hour 3- minute 30 A. M.

21. I hereby certify that I attended the deceased from March 1st, 1943, to March 12th, 1943; that I last saw him alive on March 12th, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Artery Disease
Due to Myocardial Infarction

Due to _____
Other conditions (Include pregnancy within 3 months of death) 66

Major findings: Of operations _____
Of autopsy _____

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 Eugene R. Kelly (M. D. or other) Dr.
Address Camden Point, Mo Date signed 3-3-43

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. Platt

District File Number 4-43-39

Date Filed 4-2-43

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

Reverend Davis

Licensed Embalmer No. 4460

P. O. Address Dearbon Md.

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, above space should be left blank.