S. No. 2
M—5-42
v. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 6 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 13812

Registration District No. 41

Primary Registration District No. 2126

Registrar's No.

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town Faucett Mo. Crawford Twp (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: No (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ✓ No (Specify whether

In this community Entire Life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town Faucett (Rural) (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 JAMES LANCE WOODWARD

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mary Bessie Woodward

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

7. Birth date of deceased Jan. (Month) 11 (Day) 1862 (Year)

8. AGE: Years 81 Months 3 Days 6 If less than one day ..... hr. ..... min.

9. Birthplace Platte County (City, town, or county) Mo (State or foreign country)

10. Usual occupation Farming

11. Industry or business Farmer

FATHER
12. Name James Woodward
13. Birthplace Platte Co. (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Mary Nidy
15. Birthplace Platte Co. (City, town, or county) Mo (State or foreign country)

16. (a) Informant Mrs Mary Bessie Woodward

(b) Address Faucett Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 19/43 (Month) (Day) (Year)

(c) Place: burial or cremation Faucett Cem

18. (a) Signature of funeral director H. A. Sullivan

(b) Address Gower Mo

19. (a) 4/24/43 (Date received local registrar) (b) Azel E. Jameson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 17th year 1943 hour 10 minute 0 P. M.

21. I hereby certify that I attended the deceased from May 27th, 1942 to April 17th, 1943 that I last saw him alive on April 17th, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocarditis (chronic)	2 years
Due to	
Due to	
Other conditions Lobar Pneumonia (Include pregnancy within 3 months of death) in Jan. 1943	2 weeks

Major findings:
Of operations none
Of autopsy none

108

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 S. L. Durham (M. D.)

Address Dearborn Mo Date signed 4-20-43

122 (Licensed Embalmer's Statement on Reverse Side)

JUL 6 - 1943

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: H. A. Sullins

Licensed Embalmer No. 1738

P. O. Address Grove 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.