V. S. No. 2
50M—5-42
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 20 1943

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 18005

Registration District No. 740 Primary Registration District No. 3024 Registrar's No. 27

45

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

1. PLACE OF DEATH:
(a) County Howard,
(b) City or town Fayette, (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 years, months or days)

2. USUAL RESIDENCE OF DECEASED: 45
(a) State Missouri (b) County Howard /
(c) City or town Fayette, Mo. /
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mollie Burgin 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 Widowed,
6. (b) Name of husband or wife Boyd Woods,
6. (c) Age of husband or wife if alive years
7. Birth date of deceased January 7th 1864 (Month) (Day) (Year)

8. AGE: Years 79 Months 3 Days 6 If less than one day hr. min.

9. Birthplace Missouri, (City, town, or county) 0 (State or foreign country)
10. Usual occupation At Home.
11. Industry or business
FATHER
12. Name Leslie Burgin,
13. Birthplace Kentucky, (City, town, or county) / (State or foreign country)
MOTHER
14. Maiden name Kate Morris,
15. Birthplace Missouri, (City, town, or county) 0 (State or foreign country)
16. (a) Informant Mrs Orien Besgrove,
(b) Address Fayette, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-3rd 1943 (Month) (Day) (Year)
(c) Place: burial or cremation City Cemetary.
18. (a) Signature of funeral director Guy T. Halley.
(b) Address Fayette, Mo.
19. (a) 5-6-1943 (Date received local registrar) (b) Ernest McWhillan (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 18th
year 1943 hour 5 minute 30 a M.
21. I hereby certify that I attended the deceased from April 15, 1943, to May 1, 1943
that I last saw her alive on May 1, 1943
and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Fracture of left Hip (Pathological) | |
| Due to Metastatic Carcinoma | 2 mo |
| Due to Carcinoma of Pancreas | 1 yr |
| Other conditions Chronic Hypertension (Include pregnancy within 3 months of death) | 10 yrs |

Major findings:
Of operations Pathological Fracture of Hip
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? (Specify type of place)
While at work (e) Means of injury

23. Signature W. A. Bloom (M. D. or other) M. D.
Address Fayette Mo. Date signed 5-6-43

1321

(Licensed Embalmer's Statement on Reverse Side)

5-15-43

## 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 Guy T Haley

Licensed Embalmer No. 2966

P. O. Address Fayette 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.**