

Registration District No. 42

Primary Registration District No. 2000

Registrar's No. 1371

1. PLACE OF DEATH:

(a) County Buchanan  
(b) City or town St. Joseph  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Joseph's Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 day  
(Specify whether  
In this community 22 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan  
(c) City or town St. Joseph  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2638 Lafayette St.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME Clara E. Woolford

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 Married

6. (b) Name of husband or wife Fred 6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased March 12, 1889  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
54 8 23 hr. min.

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

10. Usual occupation Housewife

11. Industry or business Home

12. Name William Mieneke

13. Birthplace Germany 4  
(City, town, or county) (State or foreign country)

14. Maiden name Ida Woods

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

16. (a) Informant Fred Woolford (Husband)  
(b) Address 2638 Lafayette St., City

17. (a) Burial (b) Date thereof 12/9/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olivet Cemetery

18. (a) Signature of funeral director John E. Skupp  
(b) Address 6054 Pryor Ave., City

19. (a) 12-9-43 (b) Rose Kezany  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December Day 5,  
year 1943 hour 1 minute P.M.

21. I hereby certify that I attended the deceased from Dec 4  
1943 to Dec 5 1943  
that I last saw her alive on Dec 5 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Strangulated Hernia of abdominal wall just above umbilicus Duration 8 hrs

Due to Popliteal Cell Stricture removed

Due to Obesity

Other conditions Interstitial Nephritis 2 yrs  
(Include pregnancy within 3 months of death)

Major findings: Of operations none made 131a

Of autopsy no

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 0

23. Signature Harold B. Smith M.D. (M. D. or other) no

Address 645 S. 19th St. St. Joseph, Mo. Date signed 12/9/43

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

**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, ~~on~~

Registered Apprentice No.

working under my personal supervision.

Signed

*John E. Rupp*  
Licensed Embalmer No. *3986*  
P. O. Address *St. Joseph, 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.**