. S. No. 2
OM—5-42
ev. 5-17-39
P I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 11 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

43460

State File No. .....

Registration District No. 291 Primary Registration District No. 5994 Registrar's No. 104

1. PLACE OF DEATH:

(a) County PUTNAM

(b) City or town RURAL RICHLAND TOWNSHIP (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 80 YEARS years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County PUTNAM

(c) City or town UNIONVILLE MO RURAL (If outside city or town limits, write "RURAL")

(d) Street No. RICHLAND TOWNSHIP (If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME MALINDA ELLEN 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 JOHN HENRY

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

7. Birth date of deceased JANUARY (Month) 1 (Day) 1856 (Year)

8. AGE: Years 87 Months 11 Days 29 If less than one day ..... hr. ..... min.

9. Birthplace Don't Know (City, town, or county) OHIO (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business HOUSEWORK

FATHER
12. Name ENOCH CARTER
13. Birthplace DONT KNOW (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name MAHALIA SHUMAKER
15. Birthplace DONT KNOW (City, town, or county) OHIO (State or foreign country)

16. (a) Informant Dara Wood

(b) Address Unionville Mo R.F.D.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JAN 1-1944 (Month) (Day) (Year)

(c) Place: burial or cremation PHERIGO CEMETERY

18. (a) Signature of funeral director COMSTOCK FUNERAL HOME

(b) Address UNIONVILLE MO By John N Comstock

19. (a) 1/4/44 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DECEMBER 30 year 1943 hour 10 — minute 55 P.M.

21. I hereby certify that I attended the deceased from Oct. 1 1943 to Dec. 30, 1943 that I last saw her alive on Dec. 30, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Chr. Cardiac Vascular-Renal disease

Due to .....

Due to .....

Other conditions (Include pregnancy within 3 months of death) 13/0

Major findings:
Of operations .....
Of autopsy .....

Duration

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 N. W. Gillum (M. D. or other) O.O.

Address Unionville Mo Date signed Dec 31 43

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 1-44-50
Date Filed JAN 10 1944

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 Not Embalmed, Registered Apprentice No. ....., working under my personal supervision.

Signed John N. Comstock

Licensed Embalmer No. 3891

P. O. Address Thomville Ms.

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.