

FILED FEB 14 1944

State File No.

Registration District No. 33

Primary Registration District No. 3022

Registrar's No. 12

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

1. PLACE OF DEATH:

(a) County Harrison

(b) City or town Bethany
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution Bethany Hospital
(If not in hospital or institution, write street number and location)

(d) Length of stay: In hospital or institution 12 hours
(Specify whether years, months or days)

In this community about 1 year

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Harrison ⁴¹

(c) City or town Bethany twp ⁹
(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 Sarah Ann Woy

3. (b) If veteran, name war ✓

3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 27
year 44 hour 9:40 minute 3 P. M.

21. I hereby certify that I attended the deceased from 11-27, 1943 to Jan 27, 1944;
that I last saw her alive on Jan 27, 1944,
and that death occurred on the date and hour stated above.

4. Sex Female race white 5. Color or white

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

6. (b) Name of husband or wife

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

7. Birth date of deceased June 21 1876
(Month) (Day) (Year)

Immediate cause of death Lobar PNEUMONIA

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 108

8. AGE: Years 67 Months 7 Days 3 If less than one day hr. min.

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

10. Usual occupation Housework

11. Industry or business unknown

12. Name unknown

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

14. Maiden name Margaret Ann Woy

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

16. (a) Informant Mrs Randolph Elam

(b) Address Bethany Mo

17. (a) Burial (b) Date thereof Jan 27-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation First Church

18. (a) Signature of funeral director Joe G. Whaley

(b) Address Bethany Mo

19. (a) 1-31-44 (b) Zola M. Burres
(Date received local registrar) (Registrar's signature)

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?

While at work? (Specify type of place) (e) Means of injury

23. Signature R. R. Lyden Jr. (M. D. or other) ¹⁰⁸

Address Bethany Mo Date signed 1-26-44

503

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.....

Joe E. Wheeler

Licensed Embalmer No. *3512*

P. O. Address. *Anthony 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.