

S. No. 2
M-5-43
5-17-39
I X3667

FILED MAR 14 1948
Registration District No. 1

Primary Registration District No. 4185

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County Franklin

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

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin ³⁶

(c) City or town St. Clair ³
(If outside city or town limits, write "RURAL") ⁰

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____ ⁰

3. (a) PRINT FULL NAME Margaret Jane Martin

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 11
year 1944 hour _____ minute 11 A. M. -

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

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed

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

7. Birth date of deceased August 25 1867
(Month) (Day) (Year)

Immediate cause of death _____
Acute myocarditis

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 930

8. AGE:

Years	Months	Days	If less than one day
<u>76</u>	<u>5</u>	<u>13</u>	hr. _____ min. _____

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

10. Usual occupation Home keeper

11. Industry or business _____

MOTHER, FATHER { 12. Name George Woodcock

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

14. Maiden name Larkh Cole

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

16. (a) Informant Laura Dixon

(b) Address St. Clair, Mo

17. (a) Burial (b) Date thereof Feb 13 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fair View

18. (a) Signature of funeral director Sherrill Kitchell

(b) Address St. Clair, Mo

19. (a) 2/12/1944 (Date received local registrar) P. J. King M. (Registrar's signature)

PHYSICIAN

Major findings: _____
Of operations _____
Of autopsy _____

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 0

23. Signature W. J. Duvall (M. D. or other) 2/12/44
Address St. Clair Mo Date signed _____

1120

RECEIVED
District Health Officer No. 9,
District File Number _____
Date Filed 3-13-44

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 Sherwood W. Mitchell
Licensed Embalmer No. 3875
P. O. Address St. Clair, 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.