

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAR 10 1944

Registration District No. 190

Primary Registration District No. 3044

Registrar's No. 15

1. PLACE OF DEATH:
 (a) County Howard
 (b) City or town Fayette, Mo.
 (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 3 1/2 (Specify whether
 In this community 3 1/2 years, months or days)

2. USUAL RESIDENCE OF DECEASED: 45
 (a) State Missouri, (b) County Howard
 (c) City or town Fayette, Mo.
 (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 Martha Jane 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 A. Woods 6. (c) Age of husband or wife if alive 48 years
 7. Birth date of deceased October 12th 1848
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
95 4 15 hr. min.

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

10. Usual occupation At home

11. Industry or business

MOTHER FATHER { 12. Name Boyd Mc Crary
 13. Birthplace Virginia (City, town, or county) (State or foreign country)
 14. Maiden name Francis Keager
 15. Birthplace Virginia (City, town, or county) (State or foreign country)

16. (a) Informant Tom Woods
 (b) Address Fayette, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-28th 1944 (Month) (Day) (Year)

(c) Place: burial or cremation Burial

18. (a) Signature of funeral director Cuv T. Halley

(b) Address Fayette, Mo.

19. (a) 3-1-1944 (Date received local registrar) (b) Crest W. Miller (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 27 year 1944 hour 4 minute 30 a. M.
 I hereby certify that I attended the deceased from Feb 27 1944 to Feb 27 1944
 that I last saw her alive on Feb 27 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial pneumonia Duration 2 days

Due to acute infection

Due to

Other conditions Ch. Myocarditis (Include pregnancy within 3 months of death) 5 yr.

Major findings: Of operations 93d 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?

While at work? (Specify type of place) (e) Means of injury 0 - 14 D

23: Signature Joe Bloom (M. D. or other) 0 - 14 D

Address Fayette, Mo. Date signed 3-1-44

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

5-17-39 X32873

15

1321

OFFICE

District No.

Officer No.

Date Filed

3-9-44

STATE OF MISSISSIPPI
DEPARTMENT OF HEALTH
OFFICE OF THE STATE EMBALMER
MEMPHIS, TENNESSEE

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 J. Hadden
Licensed Embalmer No. 2966
P. O. Address Jayette, Miss

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.