

2-43  
7-39  
X36671

FILED APR 12 1944

Registration District No. 10

Primary Registration District No. 3002

Registrar's No. 30

1. PLACE OF DEATH:

(a) County Andrew  
 (b) City or town Meross  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: General Hospital  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 7 weeks  
(Specify whether years, months or days)  
 In this community 7 weeks

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Monroe  
 (c) City or town Paris Rural  
(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 Edward Lafayette Woodson  
 3. (b) If veteran, name war no  
 3. (c) Social Security No. \_\_\_\_\_

4. Sex male 5. Color or race white  
 6. (a) Single, widowed, married, divorced widowed  
 6. (b) Name of husband or wife Mary Elizabeth Darr  
 6. (c) Age of husband or wife if alive deceased years  
 7. Birth date of deceased 8 24 1871  
(Month) (Day) (Year)

8. AGE: Years 72 Months 6 Days 9  
 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation farmer

11. Industry or business Farming

12. Name Samuel Woodson

13. Birthplace no  
(City, town, or county) (State or foreign country)

14. Maiden name Marcessus Fiddle

15. Birthplace no  
(City, town, or county) (State or foreign country)

16. (a) Informant Mildred Johnson

(b) Address Madison, Missouri

17. (a) burial (b) Date thereof 3 16 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Glennville, Mo

18. (a) Signature of funeral director Jesse Thompson

(b) Address Madison Mo

19. (a) Mar 4-44 (b) Margaret K Mackie  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 3  
 year 1944 hour \_\_\_\_\_ minute 8:45 M.  
 21. I hereby certify that I attended the deceased from Jan. 28,  
1944 to March 3, 1944  
 that I last saw him alive on March 3, 1944  
 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarct  
Due to arterial insufficiency  
Due to Acute rheumatic fever

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_  
 Of autopsy 582

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)  
 (c) Means of injury \_\_\_\_\_  
 23. Signature H. D. Verheul (M. D. or other) no  
 Address Mexico Mo Date signed 3-4-44

Duration

30 days  
10 years

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

1674

RECEIVED

District Health Officer No. 10

District File Number 4-44-866

Date Filed APR 11 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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed: Max Jacob Thompson

Licensed Embalmer No. 3282

P. O. Address Madison, Wis.

**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.