

FILED JUN 7 1944

Registration District No. 172

Primary Registration District No. 4272

Registrar's No. 36

1. PLACE OF DEATH:

(a) County LAFAYETTE

(b) City or town WAYERLY, MO
(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 34 YEARS
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County LAFAYETTE

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

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

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

3. (a) PRINT FULL NAME RICHARD MASSEY WOODWARD

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 31
year 1944 hour 12 minute 20 PM

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife JANE WOODWARD

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

7. Birth date of deceased NOVEMBER 30, 1878
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 5-2, 1944 to 5-31, 1944

that I last saw him alive on 5-31, 1944 and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>65</u>	<u>6</u>	<u>1</u>	_____ hr. _____ min.

Immediate cause of death Myocarditis chronic Duration 2 years

Due to _____

Due to _____

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

Other conditions Nephritis chronic Duration 2 years
(Include pregnancy within 7 months of death)

10. Usual occupation MINER

PHYSICIAN 1318

Underline the cause to which death should be charged statistically.

11. Industry or business COAL MINING

MOTHER FATHER {

12. Name UNKNOWN

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

14. Maiden name ANN MASSEY

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

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? _____

16. (a) Informant TOM WOODWARD

(b) Address WAYERLY MISSOURI

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JUNE 4 1944
(Month) (Day) (Year)

(c) Place: burial or cremation WAYERLY CEMETERY

While at work _____ (Specify type of place) (c) Means of injury _____

18. (a) Signature of funeral director E. S. JAMES

(b) Address CONCORDIA MO

19. (a) 5-31-1944 (Date received local registrar) (b) Dr. W. A. Braetle (Registrar's signature)

23. Signature Geo A. Kellum M. D. or other _____
Address Wayerly Mo Date signed 6-2-44

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

RECEIVED

District Health Officer No. 8;

District File Number

Date Filed 6-6-47

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 Me

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

E. S. James
Licensed Embalmer No. 2058

P. O. Address Concordia, 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.