

FILED NOV 22 1944

Registration District No. ....

Primary Registration District No. 5117

Registrar's No. 71

1. PLACE OF DEATH:

(a) County Boone  
(b) City or town Rural Cedarburg  
(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 2 1/2  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. R.F.D.#1 Ashland Mo.  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Sarah Woody

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 married  
6. (b) Name of husband or wife Mr Harry Woody  
6. (c) Age of husband or wife if alive 81 years  
7. Birth date of deceased July 30 1877  
(Month) (Day) (Year)

8. AGE: Years 67 Months 2 Days 3 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business.....

MOTHER FATHER  
12. Name Thomas Farmer  
13. Birthplace Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Farmer  
15. Birthplace Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Curtis Woody

(b) Address Ashland Mo.

17. (a) Burial (b) Date thereof 10-4-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Salem Cemt.

18. (a) Signature of funeral director W. L. Burnett

(b) Address Ashland Mo.

19. (a) 11-7-44 (b) Mrs. Alice Ester  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 3rd  
year 1944 hour 6 am minute..... M.

21. I hereby certify that I attended the deceased from Oct 1  
1944 to Oct 3 1944  
that I last saw her alive on Oct 1 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion died suddenly

Due to.....  
Due to.....

Other conditions 9-4a  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations.....  
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.....

23. Signature H. B. Fryer (M. D. or other)  
Address Ashland Mo Date signed 10-4-44

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

1000

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 11-18-44

**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 Me

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

Signed Wm E Burnett

Licensed Embalmer No. 3564

P. O. Address Oakland, 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.**