

Registration District No. 239

Primary Registration District No. 8224356

Registrar's No. 4356

1. PLACE OF DEATH: New Madrid
 (a) County New Madrid
 (b) City or town Parma
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: None
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution None (Specify whether)
 In this community 19 yrs (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County New Madrid
 (c) City or town Parma (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? NU (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME MATT. LEWIS-WOODS
 3. (b) If veteran, name war NO
 3. (c) Social Security No. NO

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month July day 22
 year 1945 hour 19 minute 30 P. M.
 21. I hereby certify that I attended the deceased from 7-16-45, 19____, to 7-22-45, 19____;
 that I last saw him alive on 7-22-45, 19____,
 and that death occurred on the date and hour stated above.

4. Sex M. 2 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Joanna Woods 6. (c) Age of husband or wife if alive 45 years
 7. Birth date of deceased June 26 1874 (Month) (Day) (Year)

Immediate cause of death Cerebral Hemorrhage
 Duration _____

8. AGE: Years 71 Months 0 Days 27 If less than one day _____ hr. _____ min.

Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: Of operations Good
 Of autopsy _____

9. Birthplace Tenn. State 1 (City, town, or county) (State or foreign country)
 10. Usual occupation Farm Laborer

PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

11. Industry or business _____
 12. Name Craig Woods
 13. Birthplace unknown 9 (City, town, or county) (State or foreign country)
 14. Maiden name unknown 9 (City, town, or county) (State or foreign country)
 15. Birthplace unknown 9 (City, town, or county) (State or foreign country)

16. (a) Informant Joanna Woods
 (b) Address Parma, Mo

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? _____

17. (a) Burial (b) Date thereof July 25-45 (Month) (Day) (Year)
 (c) Place: burial or cremation Catholic
 18. (a) Signature of funeral director Walter J. Seward
 (b) Address Parma, Mo
 19. (a) 7/21/45 (b) Dr. H. H. Husted (Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
 (c) Means of injury _____
 23. Signature W. J. Seward (M. D. or other) _____
 Address _____ Date signed 7/24/45

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

2
56

MOTHER FATHER

1396

RECEIVED

District Health Office No. 2

District File Number 845-1016

Date Filed 8-8-45

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 Lyman Steele

Licensed Embalmer No. 2476

P. O. Address: Wesley Me

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.