V. S. No. 2
50M—5-42
Rev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 18 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 28641

Registration District No. 326 Primary Registration District No. 4482 Registrar's No. 32

1. PLACE OF DEATH:
(a) County: Scotland
(b) City or town: Memphis
(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 years, months or days)
In this community 11 years

2. USUAL RESIDENCE OF DEECEASED:
(a) State: Missouri (b) County: Scotland
(c) City or town: Memphis
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Blanche Culbertson Woodsmall
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex: Female
5. Color or race: W
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: J. O. Woodsmall
6. (c) Age of husband or wife if alive: 53 years
7. Birth date of deceased: Feb (Month) 18 (Day) 1891 (Year)

8. AGE: Years 54 Months Days 9 If less than one day hr. min.

9. Birthplace: Clark County (City, town, or county) Mo (State or foreign country)
10. Usual occupation: House wife
11. Industry or business
FATHER 12. Name: John Rollin Culbertson
FATHER 13. Birthplace: Ill (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Mary Fairbrother
MOTHER 15. Birthplace: Clark County (City, town, or county) Mo (State or foreign country)
16. (a) Informant: J. O. Woodsmall
(b) Address: Memphis Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-28-45 (Month) (Day) (Year)
(c) Place: burial or cremation: Memphis Cemetery
18. (a) Signature of funeral director: G W Payne & Sons
(b) Address: Memphis Mo
19. (a) 7-7-1945 (Date received local registrar) (b) Bernice Nelson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 27 year 1945 hour 2:30 minute — M.

21. I hereby certify that I attended the deceased from Feb 8 1943 to Feb 27 1945 that I last saw her alive on Feb 26 1945; and that death occurred on the date and hour stated above.

Immediate cause of death: Other Sarcoma — Duration 2 yrs
Due to: Metastatic process from removal of breast
Due to: per June - 1942

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy: 55K

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature: E. E. Symmonds (M.D. or other) DO
Address: Memphis Mo Date signed July 5 1945

1095 (Licensed Embalmer's Statement on Reverse Side)

District Health Officer No. 10

District File Number 8-45-1312

Date Filed AUG 13 1945

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 Neal Payne

Licensed Embalmer No. 2550 Mo.

P. O. Address Memphis

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.