

STANDARD CERTIFICATE OF DEATH

State File No. ....

Registration District No. 3024

Primary Registration District No. 140 2024

Registrar's No. 53

1. PLACE OF DEATH:

(a) County Howard  
(b) City or town Fayette, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Lee Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 weeks  
(Specify whether  
In this community All her life  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howard  
(c) City or town Fayette  
(If outside city or town limits, write "RURAL")  
(d) Street No. ....  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country .....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 5th  
year 1945 hour 7 minute A M.

21. I hereby certify that I attended the deceased from June 30  
1945 to Aug 5, 1945  
that I last saw him alive on Aug 5, 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis  
Due to Chr. Cardiovascular  
Renal disease 1941  
Due to .....

Other conditions  
(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 W. B. ... (M. D. or other) P. R. ...  
Address Fayette, Mo. Date signed .....

3. (a) PRINT FULL NAME Lulu Hayes Woods  
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 Tom Woods 6. (c) Age of husband 62 years  
7. Birth date of deceased Sept 22 1879  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
<u>65</u>	<u>10</u>	<u>13</u>	<u>hr.</u>	<u>min.</u>

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

10. Usual occupation At home

11. Industry or business .....

12. Name Etheldred Jordan Hayes  
13. Birthplace Livingston County Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Julia Ann Patterson  
15. Birthplace Chariton County Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Tom Woods  
(b) Address Fayette, Missouri

17. (a) Burial (b) Date thereof 8/8/45  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Fayette, City Cemetery

18. (a) Signature of funeral director Ralph A. Carr  
(b) Address Fayette, Missouri

19. (a) 8-12-45 (b) ...  
(Date received local registrar) (Registrar's signature)

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

1321

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 9-14-42

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

Signed Joseph A. Carr  
Licensed Embalmer No. 3340  
P. O. Address Fayette 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.