S. No. 2
M—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 42343

FILED JAN 11 1946

Registration District No. 316 Primary Registration District No. 6074 Registrar's No. 269

1. PLACE OF DEATH:
(a) County St. Francois
(b) City or town Desloge Mo.
(If outside city or town limits, write "RURAL," and name of township)
(c) Name of hospital or institution: / Randolph M
(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 years

2. USUAL RESIDENCE OF DEACESED:
(a) State Missouri (b) County St. Francois
(c) City or town Desloge Mo
(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

3. (a) PRINT FULL NAME Mary Lucinda Woodward
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife D. H. Woodward
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Jan (Month) 30th (Day) 1880 (Year)

8. AGE: Years 65 Months 10 Days 18 If less than one day hr. min.

9. Birthplace (City, town, or county) Mo (State or foreign country)
10. Usual occupation Housework
11. Industry or business
MOTHER FATHER
12. Name Samuel V. Moyer
13. Birthplace (City, town, or county) Mo (State or foreign country)
14. Maiden name Julia Ann Simmons
15. Birthplace (City, town, or county) Mo (State or foreign country)
16. (a) Informant Mildred Woodward
(b) Address Desloge Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-20-45 (Month) (Day) (Year)
(c) Place: burial or cremation D.O.O.F. Cemetery
18. (a) Signature of funeral director Bardwell Bros
(b) Address Flat River Mo
19. (a) 12-28-45 (Date received local registrar) (b) Esther Rudloff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 18 year 1945 hour 1 minute 0 M.
21. I hereby certify that I attended the deceased from Dec 4 1945, to Dec 18 1945, that I last saw her alive on 12-18 1945, and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia

Due to

Due to

Other conditions Cirrhosis Liver
(Include pregnancy within 3 months of death)
Leukemia

Major findings:
Of operations
Of autopsy

Duration

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 H. C. Gale (M. D. or other)
Address Desloge Date signed 12-18-45

1391

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 146-1555

Date Filed 1-9-46

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 W. A. Caldwell

Licensed Embalmer No. 3317

P. O. Address Flat River 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.