S. No. 2
M—8-43
. 5-17-39
P I X37823

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

100535

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 11 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 4411

Registration District No. 373 Primary Registration District No. 6269 Registrar's No. 2

1. PLACE OF DEATH:

(a) County Webster

(b) City or town Marshfield Rural Ozark Tp
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: County Farm 5
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 yrs 7 mo (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Webster 2

(c) City or town Marshfield Mo Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. Ozark Township 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Lena Woodard

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 Widowed

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Unknown (Month) (Day) (Year)

8. AGE: Years 80 Months Days If less than one day hr. min.

9. Birthplace Unknown (City, town, or county) (State or foreign country) 4

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Unknown 2
13. Birthplace Unknown (City, town, or county) (State or foreign country) 1

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant Red George, attendant at farm
(b) Address Marshfield Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 14 1945 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ Gass Cemetery

18. (a) Signature of funeral director Kelley-Ferrell
(b) Address Seymour Mo

19. (a) 1/16/46 (Date received local registrar) (b) G W Whitney (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 13 year 1945 hour 6 minute 45 a.m.

21. I hereby certify that I attended the deceased from Dec 1 1945 to Dec 13 1945 that I last saw her alive on Dec 13 1945 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration

Chronic Nephritis

Due to

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature W F Schultz (M. D. or other)

Address Seymour Date signed 1-10-46

344 (Licensed Embalmer's Statement on Reverse Side) MO

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.....

This body was not embalmed....., Registered Apprentice No.....,

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.