

FILED JUN 13 1946

Registration District No. 78

Primary Registration District No. 5363

Registrar's No. 49

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

1. PLACE OF DEATH:

(a) County Davies

(b) City or town Weatherly Jefferson Mo
(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 _____)
In this community all of his life (Yes or No) _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Davies 31

(c) City or town Weatherly Rural 0
(If outside city or town limits, write "RURAL" and name of township)

(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 Chas Elmer Woodie

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 8
year 1946 hour 9 minute 40 A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Jessie B Woodie 6. (c) Age of husband or wife if alive 36 years

7. Birth date of deceased: FEB 15 1894
(Month) (Day) (Year)

Immediate cause of death Mal. nutrition Duration _____

Due to Indigestion & take food

Due to _____

8. AGE: Years 52 Months 2 Days 23 If less than one day _____ hr. _____ min.

9. Birthplace Weatherly MO 0
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy good

11. Industry or business _____

12. Name Jessie Woodie

13. Birthplace Unknown MO
(City, town, or county) (State or foreign country)

14. Maiden name Mary Armstrong

15. Birthplace Unknown MO
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Jessie Woodie

(b) Address Weatherly MO

17. (a) _____ (b) Date thereof 5 10 46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hopewell

18. (a) Signature of funeral director Mrs Kate Shoup

(b) Address Winston MO

19. (a) May 28 1946 (b) Reginald Engelhart
(Date received local registrar) (Registrar's signature)

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 0

23. Signature John F. Parker (M. D. or other) _____
Address Patte County MO Date signed 5 24 46

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

DISTRICT HEALTH OFFICE
Cameron, 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.....

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

Signed L. O. Richerson
Licensed Embalmer No. 3302
P. O. Address Gallatin, 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.