

FILED JUL 16 1946

State File No. _____

Registration District No. 177

Primary Registration District No. 4283

Registrar's No. 63

1. PLACE OF DEATH:
(a) County LEWIS
(b) City or town Ewing Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: RURAL 1
(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 HIS LIFE (years, months or days)

3. (a) PRINT FULL NAME JERRYED H. Woodworth
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex MALE 5. Color or race White 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Bessie Woodworth 6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased Nov. 16 1877 (Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|-----------|----------|-----------|------|----------------------|
| <u>68</u> | <u>7</u> | <u>19</u> | | hr. _____ min. _____ |

9. Birthplace Lima Illinois (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER, FATHER {
12. Name Chas. Louis Woodworth
13. Birthplace Ill (City, town, or county) (State or foreign country)
14. Maiden name Nancy S. Woodman
15. Birthplace Ill (City, town, or county) (State or foreign country)

16. (a) Informant Evelyn Armstrong
(b) Address Mt. Carmel, Ill

17. (a) BURIAL (b) Date thereof JULY 8-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Masonic at Ewing Mo.

18. (a) Signature of funeral director Thomas Ball
(b) Address EWING, MO.

19. (a) 7-10-46 (b) P. L. Jennings, Jr.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Lewis 56
(c) City or town Ewing (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 5
year 1946 hour 7 minute 0 A. M.
21. I hereby certify that I attended the deceased from MAY 17 1946 to JULY 5 1946
that I last saw him alive on JUNE 29 1946
and that death occurred on the date and hour stated above.

Immediate cause of death ANGINA PECTORIS Duration _____

Due to DIABETE MELLITUS
ARTERIO SCLEROSIS
Due to OSTEO MYELITIS
BICTOR LEFT FOOT
Other conditions _____ (Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy U

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) (c) Means of injury _____

23. Signature W. J. E. Jones M.D. (M. D. or other)
Address Pokrasville Mo Date signed 7/10/46

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

AUG 1 1946

82
24-1
CORRECTION
JUL 15 1946

RECEIVED
District Health Officer No. 10
District File Number 7-46-1385
Date Filed JUL 15 1946

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 Thomas Ball

Licensed Embalmer No. 1744

P. O. Address Ewing M

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.

State File No. aug
Registrar's No. 638

Registration District No. 178

Primary Registration District No. 4-2-8-3°

1. PLACE OF DEATH:

(a) County Lewis
(b) City or town Ewing Rural
(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 _____ years, months or days

3. (a) PRINT FULL NAME Jesse H. Woodruff
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex m 5. Color or race w
6. (a) Single, widowed, married, divorced _____

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

7. Birth date of deceased Nov - 16
(Month) (Day) (Year)

8. AGE: Years 68 Months _____ Days _____ (If less than one day) _____ hr. _____ min.

9. Birthplace _____ (City, town, or county) (State or foreign country) Ill.

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name _____
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant _____
(b) Address _____
17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____
(b) Address _____

19. (a) _____ (b) P. W. Jennings, M. D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug year 1945 hour _____ minute _____ M.

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

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

PHYSICIAN _____
Major findings: _____
Of operations _____
Of autopsy _____
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 _____ (M. D. or other) _____
Date signed _____

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

SUPPLEMENTARY 5

241.85