. No. 2
—8-43
5-17-39
I X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30139
State File No.

FILED SEP 30 1946

Registration District No. Primary Registration District No. 4234 Registrar's No. 17

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

1. PLACE OF DEATH:
(a) County Iron
(b) City or town Ironton
(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 years, months or days)
In this community 48 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Iron
(c) City or town Ironton
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Lulu Carman Woodside
3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex fem. /
5. Color or race white
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Howard Woodside
6. (c) Age of husband or wife if alive years
7. Birth date of deceased December 4 1878 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
67	9	18	hr. min.

9. Birthplace Washington County Missouri (City, town, or county) (State or foreign country)
10. Usual occupation dress shop
11. Industry or business
FATHER
12. Name James K. Polk Gillam
13. Birthplace Tenn. / (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Eliza Jane Paul
15. Birthplace Tenn / (City, town, or county) (State or foreign country)
16. (a) Informant Emmett Forshee
(b) Address Ironton Missouri
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 9-25-46 (Month) (Day) (Year)
(c) Place: burial or cremation Ironton Missouri
18. (a) Signature of funeral director Norman White & Sons
(b) Address R. T. White Ironton Missouri
19. (a) 9-24-46 (Date received local registrar) (b) Mrs Avis Jones (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 22 day 9 year 46 hour 9 minute 30 A.M.
21. I hereby certify that I attended the deceased from 10-4 1945, to 9-22- 1946 that I last saw her alive on 9-21 1946 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Myocarditis	
Due to Hypertrophy and dilation	
Due to	
Other conditions None (Include pregnancy within 3 months of death)	

Major findings:
Of operations None 63 B
Of autopsy None

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 0
23. Signature [illegible] (M. D. or other) MD
Address Ironton Mo Date signed 9-24-46

128

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 946-2671

Date Filed 9-30-46

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 Russell J. White

Licensed Embalmer No. 3072

P. O. Address Boston Mass

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.