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**FILED JAN 13 1947**

Registration District No. \_\_\_\_\_

Primary Registration District No. 3357

Registrar's No. 53

1. PLACE OF DEATH:

(a) County Howell  
(b) City or town Peace Valley  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Residence  
(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 life (Specify whether)  
years, months or days

3. (a) PRINT FULL NAME Nancy Josephine Woody

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

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

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if

7. Birth date of deceased: October 1, 1878  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
68 2 26  
hr. \_\_\_\_\_ min.

9. Birthplace Howell County, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation none

11. Industry or business \_\_\_\_\_

12. Name Elijah M. Woody

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

14. Maiden name Sicily Davis

15. Birthplace unknown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Wm. Woody

(b) Address Hocomo, Mo.

17. (a) New Hope Cem. (b) Date thereof Dec. 29, 1946  
(Burial or cremation) (Month) (Day) (Year)

(c) Place: burial or cremation Peace Valley, Mo.

18. (a) Signature of funeral director Hal Thornburgh

(b) Address West Plains, Mo.

19. (a) 1/8/1947 (b) Laura Mitchell  
(Date recorded local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howell  
(c) City or town Peace Valley  
(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 \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 27  
year 1946 hour 8: minute 0. M.

21. I hereby certify that I attended the deceased from 12-3- 1946, to 12-27- 1946

that I last saw her alive on 12-23- 1946 and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Carcinoma of Right Breast  
& general metastases

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 L. C. Bohrer (M. D. or other) M.D.

Address West Plains, Mo. Date signed 1-7-47

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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.....

..... S. L. Duncan ....., Registered Apprentice No. 390  
working under my personal supervision.

Signed..... Hal Thomburg

Licensed Embalmer No. 3408

P. O. Address..... WEST PLAINS, 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.**