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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
FILED APR 10 1947 STANDARD CERTIFICATE OF DEATH

State File No. **10122**
Registrar's No. **91**

Registration District No. **237** Primary Registration District No. **5825**

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

1. PLACE OF DEATH:
 (a) County **New Madrid**
 (b) City or town **Rural (Como)**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
0 Miles South East of Maiden
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **None**
(Specify whether years, months or days)
 In this community **One Year**

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **New Madrid 72**
 (c) City or town **Rural**
(If outside city or town limits, write "RURAL")
 (d) Street No. **0 Miles Southeast of Maiden**
(If rural, give location)
 (e) Citizen of foreign country? **no.** (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **Margaret Annie Woods**
 3. (b) If veteran, name war **No.** 3. (c) Social Security No. **No.**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **W. 2**
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive **Deceased** years
 7. Birth date of deceased **July 4 1901**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 8 2 hr. **9** min.

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

10. Usual occupation: **Retired Housewife**

11. Industry or business: **Above**

12. Name: **O.J. Oliner** **9**

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

14. Maiden name: **Unknown** **7**

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

16. (a) Informant: **James Middleton**

(b) Address: **Maiden, Box 513**

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof **3-7-1947**
(Month) (Day) (Year)

(c) Place: burial or cremation **Park Memorial Cemetery**

18. (a) Signature of funeral director: **Day Funeral Home**

(b) Address: **Maiden, Mo.**

19. (a) 3/30/47 (Date received local registrar) (b) *[Signature]* (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **March** day **0**
 year **1947** hour **4:30** minute **A.** M.

21. I hereby certify that I attended the deceased from _____, 19____, 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 _____ **Duration**
By all records death was due to myocardial infarction
 Due to _____
 Due to _____

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

Major findings:
 Of operations _____ **PHYSICIAN**
 Of autopsy **No** **93E**
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? **3**

While at work? _____ (Specify type of place) (c) Means of injury **Car**

23. Signature: *[Signature]* (d) **Car**
 Address **Maiden Mo.** Date signed **3/10/47**

RECEIVED

District Health Office No. 2,

District File Number 447-489

Date Filed 7-8-47

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 J. E. Shannon
- 1 - Licensed Embalmer No. 4086
P. O. Address Malden

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.