

S. No. 2  
4-12-45  
v. 5-17-39  
I X47070

FILED MAY 1 1947

Registration District No. **360**

Primary Registration District No. **6225**

Registrar's No. **87**

1. PLACE OF DEATH:

(a) County Vernon

(b) City or town Rural Washley Ship.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: State Hosp. No. 3 2  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 yrs. & mo. 26 d.  
Same time (Specify whether years, months or days)

In this community \_\_\_\_\_

3. (a) PRINT FULL NAME Anna Woodley

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 alive \_\_\_\_\_ years

7. Birth date of deceased: unknown  
(Month) (Day) (Year)

8. AGE: Years 48 Months - Days - If less than one day hr. - min. 1

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

10. Usual occupation Housework - Servant.

MOTHER FATHER

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

12. Name Alexia Konstantakopoulos

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

14. Maiden name Konstantia Jaramoni

15. Birthplace Siray Greece  
(City, town, or county) (State or foreign country)

16. (a) Informant Hosp. Records.

(b) Address Nevada mo.

17. (a) Removal (b) Date thereof 4-21-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Tulsa, Okla.

18. (a) Signature of funeral director Elizabeth Funeral Home While at work? \_\_\_\_\_  
(Specify type of place) (a) Means of injury \_\_\_\_\_

(b) Address Nevada mo.

19. (a) 4-22-47 (b) Nathyn Yancy  
(Date received local register) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis 108

(c) City or town Redalia 0  
(If outside city or town limits, write "RURAL")

(d) Street No. 320 No. Ohio 0  
(If rural, give location)

(e) Citizen of foreign country? yes (Yes or No)  
If yes, name country Greece

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr. day 20  
year 1947 hour 4:45 minute P. M.

21. I hereby certify that I attended the deceased from 12-6-46  
\_\_\_\_\_ 19\_\_\_\_, to 4-20-47 19\_\_\_\_;  
that I last saw her alive on 4-20-47 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration \_\_\_\_\_

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

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

Other conditions Dementia Precox  
(Include pregnancy within 3 months of death)

PHYSICIAN

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

Of autopsy 94A

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? \_\_\_\_\_

23. Signature P. B. Lester (M. D.)  
Address Nevada mo. Date signed 4-20-47

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

RECEIVED  
District Health Officer No. 7,  
3-47-50  
District File Number 4-28-47  
Date Filed

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 Mark E. Schuyler  
Licensed Embalmer No. 2656  
P. O. Address Neerada, 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.