

FILED MAY 16 1947

Registration District No. **136**

Primary Registration District No. **2001**

Registrar's No. \_\_\_\_\_

**1. PLACE OF DEATH:**  
(a) County **Jasper**  
(b) City or town **Joplin**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **Freeman Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **12 hours** (Specify whether  
**45 years** years, months or days)

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

4. Sex **Fem** / 5. Color or race **W**  
6. (a) Single, widowed, married, divorced **married**  
6. (b) Name of husband or wife **William M. Woods** 6. (c) Age of husband or wife if alive **71** years  
7. Birth date of deceased **July 21, 1877**  
(Month) (Day) (Year)

8. AGE: Years **69** Months **9** Days **0**  
If less than one day hr. min.

9. Birthplace **Clearfield County Pennsylvania**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Home duties**

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

12. Name **Alex Wisor**

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

14. Maiden name **Elizabeth Franklin**

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

16. (a) Informant **William M. Woods**

(b) Address **Seneca Route #2, Missouri**

17. (a) **Burial** (b) Date thereof **4-23-47**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Fairview Cemetery**

18. (a) Signature of funeral director **Hurlbut Mortuary**

(b) Address **Joplin, Missouri**

19. (a) **4-23-47** (b) **Oliver Lampkins, D. O.**  
(Date received local registrar) (Registrar's signature) **130**

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State **Missouri** (b) County **Newton** **73**  
(c) City or town **Rural** (If outside city or town limits, write "RURAL") **0**  
(d) Street No. **Seneca Route #2** (If rural, give location) **0**  
(e) Citizen of foreign country? **No** (Yes or No) **1**  
If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **April** day **21**  
year **1947** hour **10** minute **7** P.M.

21. I hereby certify that I attended the deceased from **May**  
**May 12**, 19 **45** to **April 21**, 19 **47**  
that I last saw her alive on **April 21**, 19 **47**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Myocardial Failure** Duration **12 hrs**  
Due to **Chronic Myocarditis** **2 years**

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

Other conditions **Polyarticular Arthritis**  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_ **A3P**  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

**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) (e) Means of injury \_\_\_\_\_

23. Signature **Joseph L. ...** (M. D. or other) \_\_\_\_\_

Address **Joplin, MO** Date signed **4-22-47**

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

2  
-45  
7-39  
K47070

47-4-382

JUL 18 1947

JUL 15 1947

JUL 15 1947

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 *Terry K. Hurlbut.*

Licensed Embalmer No. *959*

P. O. Address *Josephine*

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.