

FILED JUL 15 1947

Registration District No. 26

Primary Registration District No. 4158

Registrar's No. 44

1. PLACE OF DEATH:

(a) County DALLAS
(b) City or town BUFFALO
(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)
In this community 25 YRS
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County DALLAS
(c) City or town BUFFALO
(If outside city or town limits, write "RURAL")
(d) Street No. CALLED
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME WALTER LAWING Woody

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

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced DIVORCED
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased FEB 12 1894
(Month) (Day) (Year)

8. AGE: Years 53 Months 4 Days 10 If less than one day hr. min.

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

10. Usual occupation DENTIST

11. Industry or business

12. Name W.L. WOODY
13. Birthplace UNKNOWN
(City, town, or county) (State or foreign country)
14. Maiden name EFFIE LAWING
15. Birthplace UNKNOWN
(City, town, or county) (State or foreign country)

16. (a) Informant WILLIAM W. WOODY
(b) Address SPRINGFIELD MO

17. (a) BURIAL (b) Date thereof 6-24-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MAPLE PARK

18. (a) Signature of funeral director L.B. JONES

(b) Address BUFFALO MO

19. (a) 7-12-47 (b) Grace P. Jones
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 22
year 1947 hour 9 minute 05 P.M.

21. I hereby certify that I attended the deceased from 25 March 1947 to 22 June 1947
and that I last saw him alive on 22 June 1947
and that death occurred on the date and hour stated above.

Immediate cause of death A Coats heart failure
Due to Coronary Occlusion 3 mo
Due to overwork & worry

Other conditions (Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

Sudden

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 O. Ruff (M. D. or other) MD
Address Buffalo Date signed 7 July 47

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

MOTHER FATHER

RECEIVED
District Health Officer No. 7,
District File Number 6-42-816
Date Filed 7-14-47

OCT 25 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 Morris B. Jones

Licensed Embalmer No. 4322

P.O. Address Buffalo, Pa

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.