

FILED SEP 17 1947

Registration District No. **243**

Primary Registration District No. **4364**

Registrar's No. **41**

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

1. PLACE OF DEATH:
 (a) County Newton
 (b) City or town Stella, Mo.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Cardwell Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 4 weeks
(Specify whether years, months or days)

3. (a) PRINT FULL NAME James Andrew Woodward

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

4. Sex Male 5. Color or race W
 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 August 1st 1885
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	62	0	8	hr. min.

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

10. Usual occupation Farming

11. Industry or business ---

12. Name Jeff Woodward

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

14. Maiden name Mary House

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

16. (a) Informant Willa Fern Albert

(b) Address RockyComfort, Mo. R#

17. (a) Burial (b) Date thereof 8/13/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation RockyComfort, Cem.

18. (a) Signature of funeral director Wm. Mans...
 (b) Address Wheaton, Mo.

19. (a) 9-9-1947 (b) Alpha Dyer
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County McDonald
 (c) City or town RockyComfort
(If outside city or town limits, write "RURAL")
 (d) Street No. ---
(If rural, give location)
 (e) Citizen of foreign country? --- (Yes or No)
 If yes, name country ---

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 9
 year 1947 hour 5 minute 15 AM

21. I hereby certify that I attended the deceased from July 18, 1947 to Aug 9, 1947
 that I last saw him alive on Aug 3, 1947
 and that death occurred on the date and hour stated above.

Immediate cause of death epilepsy (cerebral)
 Duration 3 days

Due to ---
 Due to ---

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

Major findings:
 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) Manner of injury ---

23. Signature Alpha Dyer (M. D. or other) ---
 Address Stella Mo. Date signed 8/18/47

RECEIVED
District Health Officer
No. 947-190
Newton
9-15-47

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 W. Morris Pope

Licensed Embalmer No. 39429

P. O. Address W. Mass.

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.