

S. No. 2
DM-2-43
v. 5-17-39
I X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41519**

FILED DEC 23 1947

Registration District No. **137**

Primary Registration District No. **5509**

Registrar's No. **264**

1. PLACE OF DEATH:

(a) County **Henry Deercreek.**
(b) City or town **Rural** (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **NEAR CALHOUN MO** (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)
In this community **16 yrs.**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Henry 4 1/2**
(c) City or town **Calhoun Rural** (If outside city or town limits, write "RURAL")
(d) Street No. **UPPER CREEK TWP** (If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Liza Woods

3. (b) If veteran, name war **✓**

3. (c) Social Security No. **✓**

4. Sex **F** 5. Color or race **W** 6. (a) Single, widowed, married, divorced, **Widowed**

6. (b) Name of husband or wife **John Woods** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **Nov 18 1868** (Month) (Day) (Year)

8. AGE: Years **79** Months **1** Days **1** If less than one day hr. min.

9. Birthplace **Benton County Mo** (City, town, or county) (State or foreign country)

10. Usual occupation **House wife**

11. Industry or business _____

12. Name **Doak Cooper**

13. Birthplace **Benton County Mo** (City, town, or county) (State or foreign country)

14. Maiden name **Isabel Taylor**

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

16. (a) Informant **Will Elliott**

(b) Address **Calhoun Mo**

17. (a) **Burial** (b) Date thereof **12 17 1947** (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Shady Grove Cemetery**

18. (a) Signature of funeral director **A. Housey**

(b) Address **Calhoun Mo**

19. (a) **12-17-47** (b) **R. B. Resner** (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec 15** day **1947** year **1947** hour **6 A.M.** minute _____ M.

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

Immediate cause of death **Infarction**

Due to **Arteriosclerosis**

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **3F** Of autopsy _____

Duration
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 **W. P. [unclear]** (M. D. or other) **W. P. [unclear]**
Address **Calhoun Mo** Date signed **12/15/47**

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

MOTHER FATHER

RECEIVED
MAY 29 1957
OFFICE NO. 7
11 42 1460
12 28 47

MAY 29 1957

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 myself
....., Registered Apprentice No.
working under my personal supervision.

Signed J. Hoisey
Licensed Embalmer No. 3502
P. O. Address Calhoun 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.