

No. 2
1/47
7-39

FEDERAL SECURITY AGENCY

National Office of Vital Statistics

FILED FEB 9 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

336

State File No.

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 135

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mo. Meth. Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 days
In this community 66 years - (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 1802 Faraon St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Margaret N. Woodson

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Ben. J. Woodson 6. (c) Age of husband or wife if alive years
7. Birth date of deceased May 25 1857
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
90 8 4 hr. min.

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

10. Usual occupation At home

11. Industry or business At home

12. Name Elijah H. Norton

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

14. Maiden name Malinda Clark Wilson

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

16. (a) Informant John W. Norton

(b) Address Tuscon, Arizona

17. (a) Burial (b) Date thereof 1/31/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Heaton Bowman

(b) Address St. Joseph, Missouri

19. (a) 2-4-48 (b) H. C. Jenkins
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 29
year 1948 hour 8 minute 15 A.M.

21. I hereby certify that I attended the deceased from 8-22-47
to 1-29-48, 19....., to 19.....;
that I last saw her alive on Jan. 28, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial pneumonia.

Duration
48 hrs.

Due to
Due to
Other conditions Old Fractured rt hip
(Include pregnancy within 3 months of death)

Major findings: Fractured hip

Of operations
Of autopsy none done.

PHYSICIAN

Underline the cause of 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) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (Specify) Means of injury
23. Signature Heaton Bowman (M. D. or other) MD

Address 218 No. 7th Street Date signed 1-28-48
St. Joseph, Mo.

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

MOTHER FATHER

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.....

James B. Hawkins....., Registered Apprentice No. *27*
working under my personal supervision.

Signed *Eugene Wood*.....

Licensed Embalmer No. *3804*.....

P. O. Address *319 So 10th St. Joseph, 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.