No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 14 1948
Registration District No. 8

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11832

Primary Registration District No. 4107

Registrar's No. 19

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

1. PLACE OF DEATH:

(a) County Cedar

(b) City or town El Dorado Springs
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or Institution: 4
Nichols Nursing Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution six months
(Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED: 20

(a) State Missouri (b) County Cedar 10

(c) City or town El Dorado Springs
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Alice A. Woods

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Female

5. Color or race white

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife —

6. (c) Age of husband or wife if alive — years

7. Birth date of deceased August (Month) 3 (Day) 1865 (Year)

8. AGE: Years	Months	Days	If less than one day
82	7	21	hr. min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER

12. Name Nelson Carnes

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

14. Maiden name Betty Green

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

16. (a) Informant Elzie Woods

(b) Address El Dorado Springs, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-26-1948 (Month) (Day) (Year)

(c) Place: burial or cremation Clintonville Cemetery

18. (a) Signature of funeral director Ralston Carruthers

(b) Address El Dorado Springs, Mo.

19. (a) 3-27-48 (Date received local registrar) (b) J B Brannon (Registrar's signature) 3

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 24
year 1948 hour 10 minute 15 P. M.

21. I hereby certify that I attended the deceased from March 21st 1948, to Mar 24 1948, that I last saw her alive on Mar. 23 1948, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage	
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? (Specify type of place)

While at work? (e) Means of injury 2

23. Signature C H Sunderwirth (M. D. or other) D.O.

Address El Dorado Springs Date signed 3-26-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 4-48-516
Date Filed 5-13-48

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 E. Hackleman, Registered Apprentice No. 44 working under my personal supervision.

Signed Floyd E. Carothers

Licensed Embalmer No. 4419

P. O. Address Wonder Springs

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.