S. No. 2
—9-4-41
17-39
X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 1 1948

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17211

Registration District No. 290 Primary Registration District No. 6299 Registrar's No. 63

1. PLACE OF DEATH:

(a) County Pulaski

(b) City or town Waynesville, Rural, Roubidoux Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: No
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution No (Specify whether
In this community All Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pulaski 85

(c) City or town Waynesville Rural 0
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Sally Ann Woody

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex F 1

5. Color or race W

6. (a) Single, widowed, married, divorced W 2

6. (b) Name of husband or wife Robert H Woody

6. (c) Age of husband or wife if alive No years

7. Birth date of deceased October 19 1849
(Month) (Day) (Year)

8. AGE: Years 99 Months 7 Days 6 If less than one day ..... hr. ..... min.

9. Birthplace Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Thomas Cooke
13. Birthplace Virginia 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Margaret Baker
15. Birthplace Virginia 1
(City, town, or county) (State or foreign country)

16. (a) Informant Addie Nicks
(b) Address Waynesville Route 1

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 27, 1948
(Month) (Day) (Year)
(c) Place: burial or cremation Macedonia Cemetery

18. (a) Signature of funeral director Walter P Hedges
(b) Address Iberia, Missouri

19. (a) 5-29-48 (Date received local registrar) (b) Thelma C Buckthorpe (Registrar's signature) 2 9

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 25
year 1948 hour 6 minute 15 P.M.

21. I hereby certify that I attended the deceased from May 20, 1948, to May 25, 1948, that I last saw her alive on May 25, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	
Due to Arteria Sclerosis	
Due to Senility	
Other conditions (Include pregnancy within 3 months of death)	

83 W

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 R. O. Dewitt (M. D. or other) D.O.

Address Waynesville, Mo. Date signed 5-26-48

(Licensed Embalmer's Statement on Reverse Side)

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~~ .....

Walter P. Hedges, Registered Apprentice No. .....

working under my personal supervision.

Signed Walter P. Hedges

Licensed Embalmer No. 4265

P. O. Address Sherrill, 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.