

FILED DEC 13/1944

Registration District No.

Primary Registration District No. 5681

Registrar's No. 12

1. PLACE OF DEATH:

(a) County LINN
(b) City or town GRANTSVILLE TWP
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location) i
(d) Length of stay: In hospital or institution. (Specify whether
In this community years, months or days)

3. (a) PRINT FULL NAME JOHN WILLIAM WOODSIDE

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

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife PAULINE PHILLIPS 6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased AUGUST 21 1860
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
84 3 1 hr. min.

9. Birthplace LINN Co. MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name John Mack Woodside
13. Birthplace Belfort MO. (City, town, or county) (State or foreign country)
14. Maiden name Mary Stewart
15. Birthplace Belfort MO. (City, town, or county) (State or foreign country)

16. (a) Informant Grace Woodside
(b) Address Hardin, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 26 1944
(Month) (Day) (Year)

(c) Place: burial or cremation U.B. Cemetery

18. (a) Signature of funeral director Thorne W. Co.
(b) Address Fairview, Mo.

19. (a) (Date received local registrar) (b) Mrs. Lucy Montgomery (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County LINN 58
(c) City or town RURAL 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 22
year 1944 hour 2:30 minute P.M.

21. I hereby certify that I attended the deceased from Nov 17 to Nov 22 1944
that I last saw him alive on Nov 22 6 a.m. 1944
and that death occurred on the date and hour stated above.

Immediate cause of death

Asphyxiation pneumonia
Due to Senility

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy none

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) none
(b) Date of occurrence none
(c) Where did injury occur? none
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? none (Specify type of place) (c) Means of injury none

23. Signature George W. Lohr Date signed 11/26/44
Address Purdwin Mo.

PHYSICIAN

Underline the cause to which death should be charged statistically.

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..... *Doris A. Taylor*

Licensed Embalmer No. *3761*

P. O. Address. *Linneus, 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.