

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9331

State File No.

FILED MAR 23 1948

Registration District No. 182

Primary Registration District No. 5686

Registrar's No. 6

1. PLACE OF DEATH:

(a) County Linn
(b) City or town Linneus Locust Creek
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Linn County Infirmary
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11 months
(Specify whether
In this community years, months or days)

3. (a) PRINT
FULL NAME

Pauline Woodside

3. (b) If veteran,
name war XXX

3. (c) Social Security
No. XXX

4. Sex Female
5. Color or
race White

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

6. (b) Name of husband or wife
XXXXXXXXXX

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

7. Birth date of deceased August
(Month)

24 1866
(Day) (Year)

8. AGE: Years Months Days If less than one day
83 6 12 hr. min.

9. Birthplace La Salle Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business XXXXXXXXXX

12. Name James Phillips

13. Birthplace XXXX XXXXXXXX
(City, town, or county) (State or foreign country)

14. Maiden name Kate Newcomer

15. Birthplace XXXX XXXXXXXX
(City, town, or county) (State or foreign country)

16. (a) Informant James Woodside
(b) Address Purdin, Missouri

17. (a) Burial (b) Date thereof 3/9/1948
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (c) Signature of funeral director Thorne Undt. Co.

(b) Address Linneus, Mo.

19. (a) March 12, 1948 Mrs Budie Kelley
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Linn
(c) City or town Purdin, (R. F. D.)
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country XXXX

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 6th.
year 1948 hour 11:00 minute a. M.

21. I hereby certify that I attended the deceased from
March 5 1948 to March 6 1948
that I last saw him alive on March 5 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage
Duration 72 hr

Due to

Due to

Other conditions Seriously
(Include pregnancy within 3 months of death)
Arteriosclerosis

Major findings:
Of operations

Of autopsy 53 A

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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 0

23. Signature J. R. Mearty (M. D. or other)
Address Browning, Mo. 3/8/1948

**DISTRICT HEALTH OFFICE
Cameron, Mo.**

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.....

David A. Gayles

Licensed Embalmer No.....3761

P. O. Address.....Linneus, Missouri

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.