

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

39391  
Do not use this space.

RECORDED 23 1939

1. PLACE OF DEATH

(a) County Polk Registration District No. 213  
 (b) Township Jefferson Primary Registration District No. 3014 Registered No. 276  
 (c) City Jefferson (d) Street No. St Marys Hospital St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

320 Barlene Sue Woods  
 (a) Residence, No. Hartsburg Mo St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (with the word) Child

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Child

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 21, 1937

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>2</u>	<u>10</u>	<u>3</u>	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri 0

FATHER

13. NAME Jesse Woods 0

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri 0

MOTHER

15. MAIDEN NAME Wilms Meyer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boone Co Missouri

17. INFORMANT (ADDRESS) Jesse Woods, Hartsburg Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE mt pleasant DATE 11/26, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Fanner Service Jefferson City

20. FILED 11/29/39 1939 Boone Co Mo Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 24, 1939

22. I HEREBY CERTIFY, That I attended deceased from 19   to 19    
 I last saw her alive on Nov 24, 1939 Death is said to have occurred on the date stated above, at 6:15 pm  
 The principal cause of death and related causes of importance were as follows:  
Laryngeal Diphtheria Date of onset 11/22/39

Other contributory causes of importance: 10

Name of operation Autopsy Date of 11  
 What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify \_\_\_\_\_  
 (Signed) J. D. Saylor, M. D.  
 (Address) Jefferson City Mo

WHITE PAPER, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

I X1643

**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 D.M. Davis, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed D.M. Davis  
Licensed Embalmer No. 3741  
P. O. Address Jefferson city

**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, above space should be left blank.**