

N. 2
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FILED JUL 15 1940

State File No. _____

Registration District No. 604

Primary Registration District No. 5802

Registrar's No. _____

1. PLACE OF DEATH:

(a) County New Madrid - New Madrid
(b) City or town Osborn, Mo.
(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
In this community About 22 (Specify whether years, months or days) years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid
(c) City or town Osborn
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

3. (a) PRINT FULL NAME W. M. WOODISEY 470

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

4. Sex MALE 5. Color or race White 6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife JENNIE WOODISEY 6. (c) Age of husband or wife if alive No years
7. Birth date of deceased Feb. 1 - 1883
(Month) (Day) (Year)

8. AGE: Years 57 Months 4 Days 1 If less than one day hr. _____ min. _____

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

10. Usual occupation FARMING

11. Industry or business No 9

12. Name JERR WOODISEY 9

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

14. Maiden name UNK.

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

16. (a) Informant Herchel Woodsey

(b) Address Lilbourn, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 4 - 1940
(Month) (Day) (Year)

(c) Place: burial or cremation Osborn, Mo.

18. (a) Signature of funeral director Richards and Co
(b) Address New Madrid, Mo.

19. (a) 7/5/1940 (Date received local registrar) (b) Wm O'Bannon (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 2 year 1940 hour 1:15 minute AM
21. I hereby certify that I attended the deceased from July 2 - 1940, to _____, 19____;

that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis
Due to myocard

Due to 927

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations No Of autopsy No

Duration
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) No
(b) Date of occurrence July 2 - 1940

(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? No

533 (Specify type of place) While at work? No (e) Means of injury No

23. Signature L. A. Richards Jr. (M. D. or other) Jan 5
Address New Madrid Date signed _____

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

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.....
Leo Hedgcock....., Registered Apprentice No.....
working under my personal supervision.

Signed.....*Leo Hedgcock*.....
Licensed Embalmer No. *3803*
P. O. Address *New Madrid, 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, above space should be left blank.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **22372**

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. **604**

Primary Registration District No. **5802**

Registrar's No.

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

1. PLACE OF DEATH:

(a) County **New Madrid**
(b) City or town **New Madrid, Mo**
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution

In this community (Specify whether years, months or days)

3. (a) PRINT FULL NAME **William M. Woolsey**

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex **M**

5. Color or race **W**

6. (a) Single, widowed, married, divorced **wid**

6. (b) Name of husband or wife

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

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years **57** Months **4** Days **1** If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

12. Name

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

14. Maiden name (City, town, or county) (State or foreign country)

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

16. (a) Informant

(b) Address

17. (a) (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

(19. (a) **7/11/1940** (b) **Wm O'Bannon**

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town (If outside city or town limits write "RURAL")

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

(e) If foreign born, how long in U. S. A. ? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH Month **7** day **1** year hour minute M.

21. I hereby certify that I attended the deceased from 19 to 19 that I last saw him alive on and that death occurred on the date and hour stated above.

Immediate cause of death

Duration

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?

While at work (Specify type of place) (e) Means of injury

23. Signature **L. A. Richard** (M.D. or other)

Address **New Madrid** Date signed

SUPPLEMENTARY

