

STANDARD CERTIFICATE OF DEATH

State File No. 38312

Registration District No. 100

Primary Registration District No. 3008

Registrar's No. 287

DEC 11 1940

1. PLACE OF DEATH:

(a) County Callaway  
 (b) City or town Fulton Mo.  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Callaway Hospital  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 2 days  
 (Specify whether Life)  
 In this community Life  
 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway  
 (c) City or town Rural  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 0  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Mary Elizabeth Woodson

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Guy F. Woodson 6. (c) Age of husband or wife if alive 59 years  
 7. Birth date of deceased April 5<sup>th</sup> 1982  
 (Month) (Day) (Year)

8. AGE: Years 58 Months 7 Days 0 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business X

MOTHER FATHER  
 12. Name Samuel Lawson  
 13. Birthplace Callaway Co. Mo.  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Kathleen Muzzy  
 15. Birthplace Ill. Ohio  
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Guy F. Woodson  
 (b) Address Bachelard Mo.

17. (a) Burial (b) Date thereof Nov. 7, 1940  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Guy F. Woodson Hughes Maupin

18. (a) Signature of funeral director Guy F. Woodson  
 (b) Address Guy F. Woodson

19. (a) Nov. 7, 1940 (b) R. N. Creve  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 5 1940.  
 year \_\_\_\_\_ hour 6 minute 20 P. M.

21. I hereby certify that I attended the deceased from Nov 1940  
 \_\_\_\_\_, 19\_\_\_\_, to Nov 5<sup>th</sup> 1940  
 that I last saw her alive on Nov 1<sup>st</sup> 1940  
 and that death occurred on the date and hour stated above.

Immediate cause of death Injured Shock Duration \_\_\_\_\_

Due to Operative for uterine cholelithiasis

Due to Carcinoma of the Cecal Vein

Other conditions 4/1  
 (Include pregnancy within 3 months of death)

Major findings: Carcinoma of the Cecal Vein  
 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? 10/6 (Specify type of place)  
 (e) Means of injury \_\_\_\_\_

23. Signature D. B. Beall (M. D. or other) \_\_\_\_\_  
 Address Fulton Mo. Date signed 11-7-40

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.

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**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 Hughes Manquin  
Licensed Embalmer No. 2358  
P. O. Address AuxVase Md

**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.**