

MAR 25 1941

Registration District No. 386 Primary Registration District No. 5538 Registrar's No. _____

1. PLACE OF DEATH:
 (a) County Howell
 (b) City or town Rural - Benton Mo
(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)
 (d) Length of stay: In hospital or institution _____
(Specify whether)
 In this community 20 years
years, months or days

3. (a) PRINT FULL NAME Mary F. Woodward
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced single
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased June 20 1860
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
80 7 4 _____ hr. _____ min.

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

10. Usual occupation house keeper

11. Industry or business _____

MOTHER FATHER { 12. Name Rufus Woodward
 13. Birthplace unknown _____
(City, town, or county) (State or foreign country)
 14. Maiden name Nancy Gibson
 15. Birthplace unknown _____
(City, town, or county) (State or foreign country)

16. (a) Informant Herbert Hair
 (b) Address Hocomo, Mo

17. (a) Burial (b) Date thereof 1/25/41
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Cureall, Mo

18. (a) Signature of funeral director O. B. McClure
 (b) Address Hainesville, Mo

19. (a) 2-1-41 (b) Vida W SIMONS
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County Howell
 (c) City or town Rural
(If outside city or town limits, write "RURAL")
 (d) Street No. 1 Mile West of Hocomo
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Jan day 24
 year 1941 hour 8 minute _____ P.M.

21. I hereby certify that I attended the deceased from Dec 20
 _____, 1940, to Jan 24, 1941
 that I last saw her alive on Jan 15, 1941
 and that death occurred on the day and hour stated above.

Immediate cause of death
Cerebral apoplexy
 Due to _____
 Due to _____
 Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN
 Major findings:
 Of operations _____
 Of autopsy _____
 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?
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(Specify type of place?)
 While at work? _____ (e) Means of injury _____
 23. Signature E. A. Beach (M. D. or other) _____
 Address Eliah, Mo Date signed 1-30-41

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

16
0
1

RECEIVED
RECEIVED

District Health Officer No. 5,

District File Number 341350

Date Filed _____

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.....

Licensed Embalmer No.....

P. O. Address.....

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.