

ED MAR 19 1941
Registration District No. **228**

Primary Registration District No. **6040**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Shelby
(b) City or town Rural Jackson
(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 30 days
years, months or days

3. (a) PRINT FULL NAME Francis Marion Woodward

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex male 5. Color or race W
6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Ellen Woodward 6. (c) Age of husband or wife if alive 9 years

7. Birth date of deceased 11 (Month) 9 (Day) 1860 (Year)

8. AGE: Years 80 Months 2 Days 12 If less than one day _____ hr. _____ min.

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

10. Usual occupation farming

11. Industry or business _____

MOTHER { 12. Name Daniel Woodward
13. Birthplace New York (City, town, or county) (State or foreign country)
14. Maiden name Adella Renshaw
15. Birthplace New York (City, town, or county) (State or foreign country)

16. (a) Informant Florence Johnson
(b) Address Shelbina, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/23/41 (Month) (Day) (Year)

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

18. (a) Signature of funeral director William Bartelme
(b) Address Shelbina, Mo.

19. (a) Feb 10-41 (Date received local registrar) (b) Mrs. Lyell Landrum (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Shelby
(c) City or town Rural (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 Jan day 21
year 41 hour 4 minute 9 M.

21. I hereby certify that I attended the deceased from 3-10-35
1935, to 1-12-41, 1941;
that I last saw him alive on 1-12-41, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Arteriosclerosis
Asthma
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy _____

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? _____

23. Signature W.M. Hood (M. D. or other) Sm. D.
Address Shelbina Mo. Date signed 1-27-41

Duration 1 wk
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 10

District File Number 3-41-542

Date Filed MAR 10 1941

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 Harry A. Barkley

Licensed Embalmer No. 3835

P. O. Address Delphia, 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.