No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED MAY 26 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 15362

Registration District No. 631 Primary Registration District No. 4381 Registrar's No.

1. PLACE OF DEATH:

(a) County Oregon

(b) City or town Koshkonong (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community 15 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Oregon 75

(c) City or town Koshkonong 0 (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.? 0 years.

3. (a) PRINT FULL NAME Patience M. Woods

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex female 1

5. Color or race white

6. (a) Single, widowed, married, divorced widowed 2

6. (b) Name of husband or wife

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

7. Birth date of deceased June (Month) 5 (Day) 1862 (Year)

8. AGE: Years 78 Months 9 Days 21 If less than one day hr. min.

9. Birthplace Wentzville (City, town, or county) 1801 (State or foreign country)

10. Usual occupation housewife

11. Industry or business

FATHER
12. Name John Jenkins 1
13. Birthplace (City, town, or county) Virginia (State or foreign country)

MOTHER
14. Maiden name Mary Farmer
15. Birthplace (City, town, or county) Virginia (State or foreign country)

16. (a) Informant Minnie Barrce

(b) Address Koshkonong, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 28 1941 (Month) (Day) (Year)

(c) Place: burial or cremation Taylor cemetery

18. (a) Signature of funeral director Black's Mortuary

(b) Address Doniphan, Mo.

19. (a) April 30 41 (Date received local registrar) (b) Gertie Hoscapple (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 26 year 1941 hour 10 minute 15 P.M.

21. I hereby certify that I attended the deceased from 1939, 19__, to 1941; that I last saw her alive on only 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Asthma Senility Arteriosclerosis

Due to

Due to 112

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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)

(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? 937 (Specify type of place)

While at work? (e) Means of injury

23. Signature [signature] (M. D. or other) 1

Address [signature] Date signed 4-27-41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No 5,
District File Number 5411595
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 Leslie D. Russell
Licensed Embalmer No. 3855
P. O. Address Corning Ark.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.