

FILLED OCT 27 1941
Registration District No. 2

Primary Registration District No. 205

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

1. PLACE OF DEATH:

(a) County Andrew
(b) City or town Nodaway Rural
(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 _____
years, months or days _____

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME Martha Elizabeth Woodcock

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced W S C
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 2-24-1845
(Month) (Day) (Year)

8. AGE: Years 99 Months 7 Days 1 If less than one day _____ hr. _____ min.

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

10. Usual occupation At. Home

11. Industry or business _____

12. Name Samuel (William) Woodcock

13. Birthplace nr 1 New York
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Wolheris

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

16. (a) Informant Sallie Woodcock

(b) Address Savannah Mo

17. (a) B (b) Date thereof 9-28-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Savannah

18. (a) Signature of funeral director E. P. Brest

(b) Address Savannah Mo

19. (a) Sept 28-41 (b) Mrs. Jennie Rash
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 23
year 1940 hour 11 minute 15 P. M.

21. I hereby certify that I attended the deceased from June 22
1941, to Sept 25, 1941;
that I last saw her alive on June 22, 1941;
and that death occurred on the date and hour stated above.
Immediate cause of death Chronic Endocarditis Duration 8-74

Due to Old age

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations 92
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 D

23. Signature J. C. Hooper (M. D. or other)

Address Savannah Mo Date signed 9/26-41

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.....

E. C. Breit
.....
Licensed Embalmer No. *2650*.....

P. O. Address.....
Savannah, Ga.

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.