

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Carthage
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: McCune-Brooks Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days
(Specify whether
In this community Life 66 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence
(c) City or town Wentworth, Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes/No)
If yes, name country _____

3. (a) PRINT FULL NAME Mary E. Woods

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 Married
6. (b) Name of husband or wife S. Finis 6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased Feb. 7, 1876
(Month) (Day) (Year)

8. AGE: Years 66 Months 1 Days 25 If less than one day
hr. min.

9. Birthplace Lawrence Co., Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

MOTHER FATHER

12. Name W.W. Boucher
13. Birthplace Lawrence Co., Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Lucinda Schooling
15. Birthplace Lawrence Co., Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant S. Finis Woods
(b) Address Wentworth, Missouri

17. (a) Burial (b) Date thereof 4/5/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sarcoxie Cemetery

18. (a) Signature of funeral director Roland C. Engelage

(b) Address Sarcoxie, Missouri

19. (a) April 4, 1942 (b) Elizabeth Couplin
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 2
year 1942 hour 3:30 minute A.M.

21. I hereby certify that I attended the deceased from 3/30/42
1942 to April 2, 1942
that I last saw her alive on April 1, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Uterine Carcinoma
multiple metastasis

Due to _____
Due to _____

Other conditions none
(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy _____

Duration 1 yr
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 _____

23. Signature George H. Wood (M. D. or other) M.D.
Address 304 Grant St. Date signed 4/4/42

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

42 4-3 72

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 Geo. B. Orr

Licensed Embalmer No. 946

P. O. Address Mr. Vernon M.

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.