

FILED JUN 16 1942

Registration District No.

Primary Registration District No. 5623

Registrar's No.

1. PLACE OF DEATH:

- (a) County McDonald
 (b) City or town Goodman, Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: One 21st 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
 In this community..... (Specify whether
 years, months or days) 10 yrs

3. (a) PRINT FULL NAME MARY ELIZABETH 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 Widowed
 6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years
 7. Birth date of deceased: Dec. 4- 1868
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
73 5 4 hr. min.

9. Birthplace Ky.
(City, town, or county) (State or foreign country)10. Usual occupation Housewife

11. Industry or business.....

12. Name Isaac Husband13. Birthplace.....
(City, town, or county) (State or foreign country)14. Maiden name Shirley15. Birthplace Unknown
(City, town, or county) (State or foreign country)16. (a) Informant Mr. Wallis(b) Address Goodman, Mo.17. (a) Burial (b) Date thereof: 5-26-42
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Sanagan Cemetery18. (a) Signature of funeral director Chas. W. Williams(b) Address Goodman, Mo.19. (a) 5-26-42 (b) Chas. W. Williams
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo. (b) County McDonald
 (c) City or town Goodman, Mo.
 (If outside city or town limits, write "RURAL")
 (d) Street No.....
 (If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 24
year 1942 hour 7:30 minute..... P.M.21. I hereby certify that I attended the deceased from December 15th 1941 to May 24 1942
that I last saw her alive on May 23 1942
and that death occurred on the date and hour stated above.Immediate cause of death: Hemorrhagic infarction and edema of lungs of myocardial degeneration
Due to.....
Due to.....Other conditions.....
(Include pregnancy within 3 months of death)Major findings:
Of operations.....

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.....

23. Signature C. D. James (M. D. or other) DO
Address Goodman Date signed 5/24/42

464

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District _____ Officer No. 6,

District File Number 642-872

Date Filed JUN 15 1942

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.

Registration District No. 142

Primary Registration District No. 5693

Registrar's No. _____

1. PLACE OF DEATH:

(a) County McDonald

(b) City or town Rural

(c) Name of hospital or institution: _____
(If outside city or town limits, write "RURAL" and name of township)

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

In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

(c) City or town _____
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mary E Woodworth

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

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

7. Birth date of deceased Dec 4 1868
(Month) (Day) (Year)

8. AGE: Years 73 Months 5 Days _____
If less than one day _____ min.

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

10. Usual occupation _____

11. Industry of business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May Day 24
Year 1942 Hour _____ Minute _____ M.

21. I hereby certify that I attended the deceased from _____
to _____, 19____;
that I last saw him _____ live on _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death _____

Due to hemorrhage of lungs
carcinoma

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? _____

While at work? _____ (Specify type of place)
(c) Means of injury _____

23. Signature C. J. James (M. D. or other) DO

Address Goodman Date signed 7/10/42

SUPPLEMENTARY

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

