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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

FILED SEP 11 1942

State File No. 27033

Registration District No. 98 Primary Registration District No. 5364 Registrar's No. 8

1. PLACE OF DEATH:
(a) County Daviess
(b) City or town Rural Liberty Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 5 Miles West Gallatin /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 1 Day

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Daviess
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 5 Miles West Gallatin, Mo.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 0

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3. (a) PRINT FULL NAME Ella Marie Woody
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife XXX
6. (c) Age of husband or wife if alive XXX years
7. Birth date of deceased August (Month) 18 (Day) 1942 (Year)
8. AGE: Years | Months | Days 1 | If less than one day 9 hr. min.
9. Birthplace Daviess County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation None
11. Industry or business Infant
MOTHER FATHER
12. Name Carl Woody
13. Birthplace Kansas City (City, town, or county) Missouri (State or foreign country)
14. Maiden name Willie Leona Watkins
15. Birthplace Harrison County (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Mrs. Clay Watkins
(b) Address Gallatin, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-21-1942 (Month) (Day) (Year)
(c) Place: burial or cremation Christian Union Cem.
18. (a) Signature of funeral director Hope Furn. & Undt.
(b) Address Gallatin, Mo.
19. (a) 8-25-1942 (Date received local registrar) (b) L. O. Richeson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 19 year 1942 hour 10 minute A. M.

21. I hereby certify that I attended the deceased from Aug 17 1942 to Aug 19 1942 that I last saw him alive on Aug 19 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Atelectasis 24 hrs
Due to Premature Birth 6 months
Due to
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.

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

23. Signature J. M. Graham (M. D. or other)
Address Jameson Mo. Date signed Aug 25 42

1007 (Licensed Embalmer's Statement on Reverse Side)

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 Was not Embalmed, Registered Apprentice No. , working under my personal supervision.

Signed L. A. Jickerson

Licensed Embalmer No. 3302

P. O. Address Fallatin 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, fact should be so stated above.