

S. No. 2  
M-9-4-41  
Rev. 5-17-39  
I. X29484

30597

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. 205

FILED OCT 9 1942  
Registration District No. 40857

Primary Registration District No. 3028

49  
1  
3

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

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 13 Days  
(Specify whether)

In this community 12 Years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

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

(d) Street No. 815 S. Maple  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME Lina Woody

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife William Woody

6. (c) Age of husband or wife if alive 17 years (Day) (Year)

7. Birth date of deceased August 17 1871  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>71</u>	<u>1</u>	<u>9</u>	hr. min.

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

10. Usual occupation At Home

11. Industry or business None

MOTHER FATHER {

12. Name James Knight

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

14. Maiden name Margaret Jane Brown

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

16. (a) Informant Mrs. L. D. Moorehouse

(b) Address Carthage, Missouri

17. (a) Burial (b) Date thereof 9/28/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Johns Cemetery

18. (a) Signature of funeral director Knell Mortuary

(b) Address Carthage, Missouri

19. (a) Sept 26 '42 (b) Elizabeth Couplin  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 26  
year 1942 hour 7 AM minute 10 M.

21. I hereby certify that I attended the deceased from 9-14-1942  
1942 to 9-26-1942  
that I last saw her alive on 9-25 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Heart Failure

Due to Hemorrhage of Brain

Due to \_\_\_\_\_

Other conditions 1  
(Include pregnancy within 3 months of death) 930

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 0

23. Signature K. E. Baker (M. D. certifier)

Address Carthage Mo Date signed 9-26-42

1203

(Licensed Embalmer's Statement on Reverse Side)

42-9-787

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.....

*Emm R. Kneel*

Licensed Embalmer No. 391

P. O. Address Waukegan

**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.**