

S. No. 2  
M-5-42  
7-5-17-39  
X32873

Dr. Musick 37149  
State File No. \_\_\_\_\_  
Registrar's No. 828

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED DEC 5 1942

Registration District No. 128

Primary Registration District No. 2000

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

39  
62

1. PLACE OF DEATH:  
(a) County Greene  
(b) City or town Springfield  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
513 E. Monroe /  
(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 Greene  
(c) City or town Springfield  
(If outside city or town limits, write "RURAL")  
(d) Street No. 513 E. Monroe  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Elizabeth Woodward  
3. (b) If veteran, name war no  
3. (c) Social Security No. No

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Nov. day 17,  
year 1942 hour 11:00 minute P. M.

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced, Widowed  
6. (b) Name of husband or wife Bud Woodward  
6. (c) Age of husband or wife if alive Dec years  
7. Birth date of deceased July 26 1864  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 11, 10, 42 19..... to 11, 17, 42 19.....  
that I last saw her alive on 11, 17, 42 19.....  
and that death occurred on the date and hour stated above.

8. AGE: Years 78 Months 3 Days 26  
If less than one day  
hr. min.

Immediate cause of death Coronary thrombosis Duration 7 days

9. Birthplace Knox County Tennessee  
(City, town, or county) (State or foreign country)  
10. Usual occupation Home

Due to.....  
Due to.....  
Other conditions.....  
(Include pregnancy within 3 months of death)

MOTHER FATHER  
11. Industry or business.....  
12. Name Ephom Cunningham  
13. Birthplace Unknown Tennessee  
(City, town, or county) (State or foreign country)  
14. Maiden name Charlott Winkle  
15. Birthplace Knox County Tennessee  
(City, town, or county) (State or foreign country)

Major findings:  
Of operations.....  
Of autopsy.....  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

16. (a) Informant Monta Woodward  
(b) Address Tulsa, Okla.  
17. (a) ~~Removal~~ Burial (b) Date thereof Nov. 20, 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Richland, Mo.  
18. (a) Signature of funeral director H.H. Lohmeyer  
(b) Address Springfield, Mo.  
19. (a) 11-20-42 (b) Dr. W. Handley  
(Date received local registrar) (Registrar's signature)

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 Dr. Musick (M-D or other) 00000  
Address Springfield, Missouri signed 11, 18, 1942

DEC 22 1942

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**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 L. Deane Gorman  
Licensed Embalmer No. 3177  
P. O. Address Springfield, 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.**