

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

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

Dr Henry H...  
14367

State File No.

Registrar's No.

REC. APR 28 1943

Registration District No. 2000

Primary Registration District No. 2000

272

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

9  
2  
6

1. PLACE OF DEATH: **GREENE**

(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: **712 N. Grant**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **None** (Specify whether  
In this community **15 months** years, months or days)

2. USUAL RESIDENCE OF DECEASED: **39**

(a) State **Missouri** (b) County **Greene** **2**

(c) City or town **Springfield,** **6**  
(If outside city or town limits, write "RURAL")

(d) Street No. **712 N. Grant**  
(If rural, give location)

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

3. (a) PRINT FULL NAME **Marcella Mae Woods**

3. (b) If veteran, name war **None**

3. (c) Social Security No. **None**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **6th**  
year **1943** hour **8:45** minute **A. M.**

4. Sex **Female**

5. Color or race **White**

6. (a) Single, widowed, married, divorced **Infant**

6. (b) Name of husband or wife **Infant**

6. (c) Age of husband or wife if alive **Inf** years

7. Birth date of deceased **December 26, 1941**  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **March 4** 19**43** to **4-5-** 19**43**  
that I last saw h. or alive on **4-5-** 19**43**  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

**✓ 1 3 10** hr. min.

Immediate cause of death **Pneumonia**  
**Woods**

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

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

9. Birthplace **Springfield, Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Infant**

Other conditions (include pregnancy within 3 months of death) **35**

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name **Lee Woods**

13. Birthplace **Ash Grove, Missouri**  
(City, town, or county) (State or foreign country)

14. Maiden name **Bessie Carter**

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

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant **Mr. Lee Jones**

(b) Address **Springfield, Missouri**

17. (a) **Burial** (b) Date thereof **April 11, 1943**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Green Lawn Cemetery**

18. (a) Signature of funeral director **Alma Lohmeyer Funeral Home**

(b) Address **Springfield, Missouri**

19. (a) **4-14-43** (b) **H. H. 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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature **Henry H. Handley** (M. D. or \_\_\_\_\_)

Address **1501 1/2 E. Central** Date signed **4/14/43**

984

**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.....

*E. C. Hartney*

Licensed Embalmer No.....

1767

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.

X