

Registration District No. 6019

Primary Registration District No. 6019

1. PLACE OF DEATH:

(a) County Ray
(b) City or town Rural Orrick Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
6 miles North of Orrick, Missouri
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community entire life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ray
(c) City or town Rural Orrick Township
(If outside city or town limits, write "RURAL")
(d) Street No. 6 miles North of Orrick, Missouri
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day first
year 1943 hour 9 minute P.M.
21. I hereby certify that I attended the deceased from _____
_____ 19 _____ to _____ 19 _____
that I last saw him _____ alive on _____ 19 _____
and that death occurred on the date and hour stated above.

Immediate cause of death myocarditis
Due to chronic cardiac asthma
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.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence May 1, 1943
(c) Where did injury occur? Orrick Ray MO
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home
While at work? no (Specify type of place) (e) Means of injury _____

23. Signature J. F. Baber (M. D. or other)
Address Richmond, Missouri Date signed 5/1/43

3. (a) PRINT FULL NAME MARY CATHERINE WOODS

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 Married

6. (b) Name of husband or wife Thomas Tillman Woods 6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased February 26, 1892
(Month) (Day) (Year)

8. AGE: Years 52 Months 2 Days 5 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business Home

12. Name Henry Thomas Loyd

13. Birthplace Ray County Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Elizabeth Cox

15. Birthplace Ray County, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Paul Woods

(b) Address Orrick, R.F.D. Missouri

17. (a) Burial (b) Date thereof May 3, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation South Point Cem. Orrick Mo.

18. (a) Signature of funeral director GIBSON FUNERAL HOME

(b) Address ORRICK, MISSOURI

19. (a) May 1/43 (b) Dr. J. F. Baber
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

1228

RECEIVED

District Health Officer No. 8,

Fact File Number _____

Date Filed 6-7-43

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 Edward C. Gibson

Edward C. Gibson
Licensed Embalmer No. 4137

523 Elms Blv'd

P. O. Address Excelsior Springs, Missouri

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.