

FILED JUL 12 1943
Registration District No. **137**

Primary Registration District No. **4247**

Registrar's No. **111**

1. PLACE OF DEATH:

(a) County **Jasper**
(b) City or town **Jasper**
(c) Name of hospital or institution:
North First Street /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community **67 years**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME **Hattie Woodrow.**

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 **Charley Woodrow** 6. (c) Age of husband or wife if alive **74** years

7. Birth date of deceased: **Sept 27 1875**
(Month) (Day) (Year)

8. AGE: Years **67** Months **8** Days **12** If less than one day
hr. min.

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

10. Usual occupation **House Keeper**

11. Industry or business **General House Work**

12. Name **Thomas Butler**

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

14. Maiden name **Cecelia Davis**
(City, town, or county) (State or foreign country)

15. Birthplace **Peoria Ill**
(City, town, or county) (State or foreign country)

16. (a) Informant **Charley Woodrow**

(b) Address **Jasper, Missouri**

17. (a) **Burial** (b) Date thereof **June 11-43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Faskin Cem.**

18. (a) Signature of funeral director **Chas. J. Teeter**

(b) Address **Jasper Mo.**

19. (a) **June 10 '43** (b) **Elizabeth Couplin**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **9**
year **1943** hour **2:00** minute **P.** M.

21. I hereby certify that I attended the deceased from **5-1-1942** to **6-9-1943**
that I last saw her alive on **6-9-1943**
and that death occurred on the date and hour stated above.

Immediate cause of death **Miliary Tuberculosis**

Due to _____

Due to _____

Other conditions **22a**
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

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 **W. H. Knott** (M. D. or other)

Address **Jasper, Mo.** Date signed **6-9-43**

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

49
0
0

MOTHER FATHER

7223

43-6-572

Handwritten notes and scribbles, including the word "embalmer" and other illegible markings.

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 *Plus J. Tuter*
Licensed Embalmer No. *25-66*
P. O. Address *Jasper 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.