

FILED AUG 11 1943

Registration District No. 157

Primary Registration District No. 3028

Registrar's No. 132

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:  
1019 Grove  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution. \_\_\_\_\_ (Specify whether  
 In this community 40 years (Specify whether  
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JASPER  
 (c) City or town CARTHAGE, MO.  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 1019 GROVE ST.  
 (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME ANNIE WOODRUFF

3. (b) If veteran, name war NONE 3. (c) Social Security No. NONE

4. Sex FEMALE / race white / 5. Color or white  
 6. (a) Single, widowed, married, divorced MARRIED  
 6. (b) Name of husband or wife J.E. Woodruff 6. (c) Age of husband or wife if  
 alive \_\_\_\_\_ years  
 7. Birth date of deceased JUNE 4 1872  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
71 1 7 hr. min.

9. Birthplace Adams County Illinois  
 (City, town, or county) (State or foreign country)

10. Usual occupation house wife

11. Industry or business NONE

MOTHER FATHER { 12. Name UNKNOWN  
 13. Birthplace UNKNOWN (City, town, or county) (State or foreign country)  
 14. Maiden name UNKNOWN  
 15. Birthplace UNKNOWN (City, town, or county) (State or foreign country)

16. (a) Informant J.E. Woodruff

(b) Address 1019 Grove - Carthage, Mo

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JULY 14 1943  
 (Month) (Day) (Year)

(c) Place: burial or cremation Reeds Cemetery

18. (a) Signature of funeral director KNEHL MORTUARY

(b) Address CARTHAGE, MO.

19. (a) JULY 13 '43 (Date registered local registrar) (b) Elizabeth Couplin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 12  
 year 1943 hour 4 minute 05 A.M.

21. I hereby certify that I attended the deceased from May 10  
 1942, to JULY 12, 1943;  
 that I last saw her alive on JULY 11, 1943  
 and that death occurred on the date and hour stated above.

Immediate cause of death Cirrhosis of liver

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

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

Other conditions (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) Means of injury 0

23. Signature N.E. Baker (M. D. or other)

Address Carthage, Mo Date signed 7-12-43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

49  
1  
3

49

1203

43-7-68D

**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 Erwin L. Stuebel

Licensed Embalmer No. 391

P. O. Address Carthage, 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.