

Registration District No. 297

Primary Registration District No. 3057

Registrar's No. 71

1. PLACE OF DEATH:
 (a) County Ray
 (b) City or town Richmond, Missouri.
 (c) Name of hospital or institution: None
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution None
 In this community Since 1907.

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County Ray
 (c) City or town Richmond, Mo.
 (d) Street No. Royal Street
 (e) Citizen of foreign country? YES No
 If yes, name country U.S.A.

3. (a) PRINT FULL NAME Agnes Woods
 3. (b) If veteran, name war None
 3. (c) Social Security No. None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Oct. day 5 year 1944. hour 40P minute M.

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Widow
 (b) Name of husband or wife Johnson Woods Deceased
 (c) Age of husband or wife if alive 1866.
 7. Birth date of deceased Jan. 28 th

21. I hereby certify that I attended the deceased from Sept 30, 1944, to Oct 8, 1944, that I last saw her alive on Oct 8, 1944 and that death occurred on the date and hour stated above.

8. AGE: Years 78 Months 8 Days 10
 9. Birthplace Scotland, Dalry
 10. Usual occupation House Keeper

Immediate cause of death Coronary Thrombosis
 Due to Advanced Arterio Sclerosis
 Other conditions gfd

11. Industry or business Unknown
 12. Name Unknown
 13. Birthplace 9
 14. Maiden name Unknown
 15. Birthplace 9

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

16. (a) Informant Wm McNeal
 (b) Address Richmond, Mo.
 17. (a) Burial (b) Date thereof 10-10-44.
 (c) Place: burial or cremation Sunny Slope
 18. (a) Signature of funeral director JTB Brothman
 (b) Address Richmond, Mo.
 19. (a) Oct 10 1944 (b) Mrs. Sara W. Shippard

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?
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
 While at work (Specify type of place) (a) Means of injury
 23. Signature JW Games (M. D. or other) MD
 Address Richmond, Mo. Date signed 10-9-44

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

1228

RECEIVED

District Board of Health, St. Louis, Mo.

District File Number

Date Filed 1-13-44

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.....

J.B. Brothers

Registered Apprentice No.....

working under my personal supervision.

Brothers Funeral Home

Signed J.B. Brothers

Licensed Embalmer No. 2001.

P. O. Address Richmond, 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.