V. S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 10 1945

Registration District No. 128

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 41220

Primary Registration District No. 2000

Registrar's No. 971

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

Crescent Chapter of Eastern Star

1. PLACE OF DEATH:

(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: 821 Hamilton
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene

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

(d) Street No. 821 W. Hamilton
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME Anna L 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 J. C. Woods

6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased March (Month) 7 (Day) 1874 (Year)

8. AGE: Years 70 Months 9 Days 23 If less than one day ..... hr. ..... min.

9. Birthplace Lawrence Co. (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Housewife

11. Industry or business .....

FATHER
12. Name W. W. Boucher
13. Birthplace Lawrence Co. (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Lucinda Schooling
15. Birthplace Lawrence Co. (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Marie Woods
(b) Address 821 W Hamilton, Spfd, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-2-45 (Month) (Day) (Year)
(c) Place: burial or cremation Pierce City, Mo

18. (a) Signature of funeral director Fred C. Thieme
(b) Address 1100 Boonville, Spfd, Mo

19. (a) 1-2-45 (Date received local registrar) (b) Dr W E Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 30
year 44 hour 1:00 minute A.P. M.

21. I hereby certify that I attended the deceased from 7-7, 1944 to Dec 30, 1944
that I last saw her alive on Dec 30, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Bowel obstruction. — Duration

Due to Malignancy of Colon (most probable cause of obstruction)

Due to .....

Other conditions Senility + ch. myocarditis
(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy 46

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 .....
(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? ..... (Specify type of place)
While at work? ..... (e) Means of injury .....

23. Signature W. H. Lowell (M. D. or other) M.D.
Address Springfield Mo Date signed 1-2-44

(Licensed Embalmer's Statement on Reverse Side)

APR 9 1945

5 MAR 27 1945

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 Fred C. Friend

Licensed Embalmer No. 2899

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