

FILED MAR 12 1945

Registration District No. 65

Primary Registration District No. 4113

Registrar's No.

1. PLACE OF DEATH:

(a) County. CHARITON
(b) City or town. BRUNSWICK
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State. MISSOURI (b) County. CHARITON
(c) City or town. BRUNSWICK 21
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME WILLIAM WOODWARD

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex. MALE 5. Color or race. WHITE 6. (a) Single, widowed, married, divorced. MARRIED
6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive. years

7. Birth date of deceased. JANUARY 10th 1863
(Month) (Day) (Year)

8. AGE: Years 92 Months 1 Days 9 If less than one day hr. min.

9. Birthplace. DUBOIN ILLINOIS
(City, town, or county) (State or foreign country)

10. Usual occupation. RETIRED FARMER

11. Industry or business.

12. Name. HIRAM WOODWARD
13. Birthplace. CANADA
(City, town, or county) (State or foreign country)
14. Maiden name. DON'T KNOW
15. Birthplace. DON'T KNOW
(City, town, or county) (State or foreign country)

16. (a) Informant. MRS. OTIS BACHTEL

(b) Address. BRUNSWICK MO.

17. (a) BURIAL (b) Date thereof. 2-21-1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. BRUNSWICK MO

18. (a) Signature of funeral director. J. Maerz

(b) Address. BRUNSWICK MO.

19. (a) 2-21-45 (b) J. Maerz
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEBRUARY Day 19th year 1945 hour 10 minute A M.

21. I hereby certify that I attended the deceased from Feb 18-45 to Feb 18 1945 that I last saw him alive on Feb 18 1945 and that death occurred on the date and hour stated above.

Immediate cause of death. Uremia

Due to

Due to

Other conditions. (Include pregnancy within 3 months of death)

Major findings: Of operations. Of autopsy. ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

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?

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

23. Signature. J. Maerz (M. D. or other)

Address. Brunswick Date signed. Feb 20 45

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

MOTHER FATHER

RECEIVED

Health Officer No. 8,

File Number

Date Filed 3-9-75

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

L. Weisid

Licensed Embalmer No.

923

P. O. Address

Brunswick, M.

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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. M 229Registration District No. 65Primary Registration District No. 4113Registrar's No. 1

1. PLACE OF DEATH

- (a) County Chariton
 (b) City or town Brunswick
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
 (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)

3. (a) PRINT
FULL NAMEWilliam Woodward3. (b) If veteran,
name war _____3. (c) Social Security
No. _____4. Sex M 5. Color or race W 6. (a) Single, widowed, married,
divorced M6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
alive _____ years7. Birth date of deceased Jan 10 1883
(Month) (Day) (Year)8. AGE: Years 82 Months _____ Days _____ If less than one day
min. _____9. Birthplace Ill
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name _____

13. Birthplace _____
(City, town, or county) (State or foreign country)

14. Maiden name _____

15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb Day 6 Year 1940 Hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 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 Chemia Duration _____Due to Chronic Nephritis

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings: 21 ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

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 J. L. Fisher D.D. (M. D. or other) _____Address Brunswick Mo. Date signed 2/16

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

SUPPLEMENTARY

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

5848