V. S. No. 2
100M—2-43
Rev. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 26 1945

Registration District No. 209

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3043

State File No. 13984

Registrar's No. 101

1. PLACE OF DEATH:

(a) County Marion

(b) City or town Hannibal
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Elizabeth Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 days (Specify whether

In this community ——
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Pike

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

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? No. 2 (Yes or No)

If yes, name country ——

3. (a) PRINT FULL NAME Mrs. Eunice Woodward

3. (b) If veteran, name war ——

3. (c) Social Security No. ——

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Clive Woodward

6. (c) Age of husband or wife if alive 1892 years

7. Birth date of deceased April (Month) 30 (Day) 1892 (Year)

8. AGE:

Years	Months	Days	If less than one day
52	11	2	hr. —— min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Jake Mink
13. Birthplace Illinois (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Katy Shipman
15. Birthplace Barry Illinois (City, town, or county) (State or foreign country)

16. (a) Informant Robert Woodward
(b) Address Pittsfield, Ill

17. (a) Bayles (Burial, cremation, or removal) Removal (b) Date thereof April 5 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Bayles Removal Illinois

18. (a) Signature of funeral director Thos. N. Lock
(b) Address Barry Ill

19. (a) 4-4-45 (Date received local registrar) (b) Hr E M Lucke (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 2 year 1945 hour 7 minute 15 A. M.

21. I hereby certify that I attended the deceased from ....., 19...., to ....., 19....; that I last saw h..... alive on ....., 19....; and that death occurred on the date and hour stated above.

Immediate cause of death Ruptured Gall Bladder

Due to Gallstones

Due to

Other conditions Generalized Peritonitis
(Include pregnancy within 3 months of death)

Major findings:
Of operations me
Of autopsy me

127b

Duration

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 [signature] (M. D. ~~or other~~)

Address 10 Bldg Hannibal Mo Date signed

(Licensed Embalmer's Statement on Reverse Side)

1304

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 .....

This body Not Embalmed, Registered Apprentice No. .....,

working under my personal supervision.

Signed George T. Bond

Licensed Embalmer No. 4373

P. O. Address 905 Broadway

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.)

Hannibal Mo

If this body is not embalmed, fact should be so stated above.