

FILED DEC 7 1945

Registration District No. 77

Primary Registration District No. 5508

1. PLACE OF DEATH:

(a) County Henry  
(b) City or town Montrose Rural  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Deepwater T.W.P.C. 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 35 years  
years, months or days

3. (a) PRINT FULL NAME Lestie Minn Woodward

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

4. Sex M (1) 5. Color or race W (1) 6. (a) Single, widowed, married, divorced, single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased: 12-7-1893  
(Month) (Day) (Year)

8. AGE: Years 71 Months 11 Days 19 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Andrain CO MO  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

MOTHER FATHER {  
12. Name Rodney Woodward  
13. Birthplace Hart, known  
(City, town, or county) (State or foreign country)  
14. Maiden name Rebecca Hartley  
15. Birthplace Mexico Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Glen Ballard

(b) Address Montrose Mo

17. (a) burial (b) Date thereof 11-28-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bear Creek

18. (a) Signature of funeral director Fred Wilbur

(b) Address Clinton Mo

19. (a) 11-28-45 (b) A. B. Kenney  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Henry  
(c) City or town Montrose Mo  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4 1/2 miles NE, Montrose  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 26  
year 45 hour 5:40 minute P.M.

21. I hereby certify that I attended the deceased from 11-14 1945 to 11-25 1945;  
that I last saw him alive on Nov-25 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute myocarditis

Due to Arteriosclerosis

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

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

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy 97

Duration

10 days

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 W. E. Baggerly (M. D. or other) MD  
Address Montrose Mo Date signed 11-27-45

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

12  
00

Date filed

11-45-1184

12-6-45

**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 Wilkerson*

Licensed Embalmer No. *2478*

P. O. Address *Clinton 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.**