

Registration No. **FILED NOV 20 1945** Primary Registration District No. **3043**

1. PLACE OF DEATH:
(a) County **Ma rion**
(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's Hosp. **0**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **14 days**
(Specify whether
In this community **Lifetime**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
Missouri (b) County **Marion 64**
(a) State
(c) City or town **Palmyra 2**
(If outside city or town limits, write "RURAL")
(d) Street No. **210 A. South Mair St.** **0**
(If rural, give location)
(e) Citizen of foreign country? **No** **1** (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **Lola Grace Woods**
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 **Harry S. Woods** 6. (c) Age of husband or wife if alive **52** years
7. Birth date of deceased **6/10-1894**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
51 **4** **8** hr. min.

9. Birthplace **Marion County Mo. D**
(City, town, or county) (State or foreign country)

10. Usual occupation **House wife**

11. Industry or business

MOTHER FATHER { 12. Name **Melvin Mortland**
13. Birthplace **Marion County Mo.** **0**
(City, town, or county) (State or foreign country)
14. Maiden name **Fannie Layton** **0**
15. Birthplace **Marion Co. Mo.** **0**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Roy Griffith**
(b) Address **Palmyra Mo.**
17. (a) **Monroe City** (b) Date thereof **10/20-45**
(Burial, cremation or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Monroe City cematary**

18. (a) Signature of funeral director **R. M. Sprague**
(b) Address **Palmyra Mo.**
19. (a) **10-19-45** (b) **Dr. E. M. Lucke**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct.** day **18**
year **1945** hour **I** minute **20** AM.

21. I hereby certify that I attended the deceased from **May 19** 1944 to **Oct 18** 1945
that I last saw h **alive on** and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of Pelvis** Duration **1-1/2**

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy **552**

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 **Dr. E. M. Lucke** (M. D. **0**)
Address **Palmyra Mo.** Date signed **10-19-45**

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

24
23
4

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 *A. M. Sprague*.....

Licensed Embalmer No. *999*.....

P. O. Address *Palmyra 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.