

**FILED** JAN 28 1946

Registration District No. \_\_\_\_\_

Primary Registration District No. 3000

Registrar's No. 31

1. PLACE OF DEATH

(a) County Adair  
(b) City or town Kirkswell  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Loughlin  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 5 days  
(Specify whether  
In this community 5 days  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Lewis 56  
(c) City or town Labelle  
(If outside city or town limits, write "RURAL")  
(d) Street No. 0  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINTED FULL NAME Burrell Lenuel Woodworth

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 Margaretta 6. (c) Age of husband or wife if alive 41 years

7. Birth date of deceased 3 sept 28 1895  
(Month) (Day) (Year)

8. AGE: Years 50 Months 3 Days 11 If less than one day hr. min.

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

10. Usual occupation Carpenter

11. Industry or business Building

12. Name Lee Woodworth

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

14. Maiden name unknown

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

16. (a) Informant Leta Fern Woodworth

(b) Address LEWISTOWN MO

17. (a) Burial (b) Date thereof 1-12-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lewistown mo

18. (a) Signature of funeral director Thomas Ball  
(b) Address Leung, Mo.

19. (a) 1-24-46 (b) Kate Lambert  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 9  
year 1946 hour 8 minute P M.

21. I hereby certify that I attended the deceased from Jan 4, 1946 to Jan 9, 1946  
that I last saw him alive on Jan 9, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Peritonitis  
Due to gaugeous ruptured  
gall bladder  
Due to 129  
Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Peritonitis, gaugeous  
gall bladder  
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 Earl Rayburn (M.D. or other) Dr  
Address Leung, Mo. Date signed 1/16/46

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

004

FEB 18 1946

RECEIVED

Health Office No. 10

Records File Number 1-46-188

Date Filed JAN 26 1946

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 *Bowden Besty*

Licensed Embalmer No. 4379

P. O. Address *Kirkcubbin, 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.