

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FILED MAR 29 1946 **MISSOURI STATE BOARD OF HEALTH**
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

8968
Do not use this space.

1. PLACE OF DEATH

(a) County Douglas Registration District No. 101

(b) Township Brushcreek Primary Registration District No. 5396 Registered No. 23

(c) City Dora (d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____

(e) Length of residence in city or town where death occurred 14 yrs. mos. ds. (f) How long in U. S., if of foreign birth? _____ yrs. mos. ds.

2. PRINT FULL NAME Woodward, Ira

(a) Residence, No. Dora St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Woodward, Ada

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-30-1869

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>76</u>	<u>7</u>	<u>21</u>	

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. cabinet builder

9. Industry or business in which work was done, as saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) February, 1945 11. Total time (years) spent in this occupation 55

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-22-1946

22. I HEREBY CERTIFY, That I attended deceased from May 4, 1945 to 2-28-1946, 1946
 I last saw him alive on Jan 2, 1946 Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Myocardial Insufficiency Date of onset _____

Other contributory causes of importance: Arteriosclerosis

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) Ira Woodward, M. D.
 (Address) Ureteral Buchman

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jackson County, Illinois

13. NAME _____

FATHER

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

MOTHER

15. MAIDEN NAME _____

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT (ADDRESS) Willard Woodward, Dora, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Sweeton Pond Cem. DATE Feb. 23, 1946

19. FUNERAL DIRECTOR (ADDRESS) None

20. FILED Mar. 1, 1946 Ureteral Buchman Local Registrar.

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RECEIVED

District Health Officer No. 6;

District File Number 346-41L

Date Filed MAR 25 1946

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No..... or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.)