

FILED APR 27 1946

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

Primary Registration District No. 3017

1. PLACE OF DEATH:

(a) County Cooper  
(b) City or town Boonville  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Alex. VanRavenesway Hospital.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Moniteau 68  
(c) City or town Sandy Hook 0  
(If outside city or town limits, write "RURAL") 0  
(d) Street No. \_\_\_\_\_  
(If rural, give location) \_\_\_\_\_  
(e) Citizen of foreign country? No (Yes or No) 1  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Infant son of Mr. & Mrs. Bryson Woods.

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 \_\_\_\_\_

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

7. Birth date of deceased March 15 1946  
(Month) (Day) (Year)

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

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

10. Usual occupation \_\_\_\_\_

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

12. Name Bryson Woods

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

14. Maiden name Mary Elizabeth Bryson

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

16. (a) Informant Bryson Woods,

(b) Address Sandy Hook, Missouri

17. (a) Burial (b) Date thereof March 16/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Walnut Grove Cem.

18. (a) Signature of funeral director Godwin Keller

(b) Address Boonville, Mo.

19. (a) 3/15 (b) Clay Morris  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 15  
year 1946 hour \_\_\_\_\_ minute a. M.

21. I hereby certify that I attended the deceased from March 15  
1946 to March 15 19 46  
that I last saw him alive on \_\_\_\_\_ 19 \_\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage. 1 day.

Due to Rephritis / eclampsia of the mother

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

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations no  
Of autopsy no 1600

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 Herb Ramsey (M. D. or other) 0  
Address Boonville, Mo. Date signed 3-17-46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

11073

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 4-15-46

---

---

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 G. F. Bollen

Licensed Embalmer No. 3062

P. O. Address Beauville, 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.