

FILED JUN 20 1946

State File No. _____

Registration District No. 270

Primary Registration District No. 4321

Registrar's No. 39

1. PLACE OF DEATH:

(a) County Mercer
(b) City or town Mercer Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: no
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no
In this community all his life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mercer
(c) City or town Mercer Mo
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country: no

3. (a) PRINT FULL NAME

Steven Woodley

(b) If veteran, name war no

(c) Social Security No. no

4. Sex male

5. Color or race white

6. (a) Single, widowed, married, divorced married

(b) Name of husband or wife Emma Woodley

(c) Age of husband or wife if alive 67 years

7. Birth date of deceased Feb. 25, 1867
(Month) (Day) (Year)

8. AGE: Years 79 Months 3 Days 9
If less than one day hr. _____ min. _____

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

10. Usual occupation

11. Industry or business

12. Name Minard Woodley

13. Birthplace Penn. (State or foreign country)
Sarah Ruppert (City, town, or county)

14. Maiden name

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

16. (a) Informant James Woodley

(b) Address Mercer, Mo

17. (a) burial (Burial, cremation, or removal) (b) Date thereof June 6, 1946
(Month) (Day) (Year)

(c) Place: burial or cremation Farley

18. (a) Signature of funeral director Noel Moss

(b) Address Princeton, Mo

19. (a) 6-8-46 (Date received local registrar) (b) Evon Martin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 3
year 1946 hour 9 minute 25 p.m.

21. I hereby certify that I attended the deceased from December
1945 to June 3 1946
that I last saw him alive on June 3 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Suffocative edema of lungs (pneumonic)-due to valvular heart disease decomposition.

Due to _____
Due to _____

Other conditions Acute enteritis 3 days
(Include pregnancy within 3 months of death)

Major findings: Of operations 924
Of autopsy None

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 Natural causes
(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) _____ (Specify type of place)
(a) Signature A.S. Bristow (M. D. or other) M.D.

(b) Address Bristiw Bldg Date signed 6/7/46

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

MOTHER FATHER

**DISTRICT HEALTH OFFICE
Cameron, Mo.**

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 *M*

....., Registered Apprentice No.....
working under my personal supervision.

Signed *Neil Smass*

Licensed Embalmer No. *2634*

P.O. Address *Princeton 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.