

S. No. 2  
DM-5-43  
v. 5-17-39  
X36871

22613

FILED JUL 25 1946

Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 101

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

1. PLACE OF DEATH:

(a) County Audreyn

(b) City or town Mexico Mo

(c) Name of hospital or institution: Audreyn Hospital

(d) Length of stay: In hospital or institution 2 1/2 hrs

In this community 24 hrs years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Montgomery

(c) City or town Middleton Mo

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Jasper Miltoy Woodson

3. (b) If veteran, name war No

3. (c) Social Security No. No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 2 year 1946 hour 3:00 minute P.M.

21. I hereby certify that I attended the deceased from Nov. 25 1945 to July 2 1946

that I last saw in alive on July 1 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Complication of Bacteriemia

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

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

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

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife Merthe Jane Angel

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

7. Birth date of deceased: Dec 22 1879

8. AGE: Years 71 Months 6 Days 22

If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Middleton Mo

10. Usual occupation Farmer

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

MOTHER FATHER { 12. Name William Woodson

13. Birthplace Mo

14. Maiden name not known

15. Birthplace not known

16. (a) Informant Willard Woodson

(b) Address Middleton Mo

17. (a) Burial (b) Date thereof July 16 1946

(c) Place: burial or cremation Middleton

18. (a) Signature of funeral director Pritchett & White

(b) Address Middleton Mo

19. (a) 7-15-46 (b) Blanche Keely

Duration \_\_\_\_\_

Physician \_\_\_\_\_

Underline the cause to which death should be charged statistically.

Major findings: Of operations \_\_\_\_\_

Of autopsy 1170

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? \_\_\_\_\_

(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 E. Smith (M. D. or other) \_\_\_\_\_

Address Middleton Mo Date signed 7/15/46

RECEIVED

District Health Officer No. 10

District File Number 7-46-1435

Date Filed JUL 23 1946

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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.....



Licensed Embalmer No. 3059

P. O. Address. Wellsville 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.**