

S. No. 2  
M-5-43  
v. 5-17-39  
I X38671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **30976**

Registration District No. **209**

Primary Registration District No. **3043**

Registrar's No. **309**

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

1. PLACE OF DEATH:

(a) County Marion

(b) City or town Nassau  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Elizabeth 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 Marion **64**

(c) City or town Nassau **3**  
(If outside city or town limits, write "RURAL")

(d) Street No. 229 1/2 Broadway **4**  
(If rural, give location) **0**

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

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

3. (a) PRINT FULL NAME Lulu Jane Woodson

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 25  
year 1946 hour 9 minute 20 P.M.

21. I hereby certify that I attended the deceased from May 1946 to Sept 25 1946  
that I last saw he alive on Sept 25 1946  
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Jama F. Woodson 6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased February 10 1875  
(Month) (Day) (Year)

Immediate cause of death: Bronchial Pneumonia

Due to Carcinoma of Ovary (PT)  
with generalized carcinomatous metastases of peritoneal cavity

Other conditions: 49A  
(Include pregnancy within 3 months of death)

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

71 7 15 — hr. — min.

PHYSICIAN \_\_\_\_\_

Major findings: Exploratory laparotomy  
Of operations one Sept 9 20-46. Finding  
Of autopsy metastases of peritoneal cavity  
more abundant

Underline the cause to which death should be charged statistically.

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

10. Usual occupation housewife

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

MOTHER FATHER { 12. Name Newton Utterback **9**

13. Birthplace unknown **9**  
(City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace unknown **9**  
(City, town, or county) (State or foreign country)

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 R. L. Whirly (M. D. or other) **MP**

Address Nassau Mo Date signed \_\_\_\_\_

16. (a) Informant Jama F. Woodson

(b) Address 229 1/2 Broadway, Nassau, Mo.

17. (a) Burial (b) Date thereof Sept 28, 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Albert Cemetery

18. (a) Signature of funeral director Ray O. Schwegel

(b) Address 1000 Broadway, Nassau, Mo.

19. (a) 9-30-46 (b) Dr. E. M. Lucker  
(Date received local registrar) (Registrar's signature)

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(Licensed Embalmer's Statement on Reverse Side)

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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.....

*Paul Richard Brown*

Licensed Embalmer No.....

*4524*

P. O. Address.....

*1000 Broadway*

*Marshall, Missouri*

**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.**