

No. 2
12-45
17-39
X47070

State File No. 11726

FILED APR 14 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 5581

1. PLACE OF DEATH:

(a) County Linn Mo
(b) City or town Linn Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution General Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 days
(Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Linn 96
(c) City or town Linn
(If outside city or town limits, write "RURAL")
(d) Street No. Telegraph & Pine Rd NR
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Josephine Woodsmith

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

4. Sex F / 5. Color or race W
6. (a) Single, widowed, married, divorced

6. (b) Name of husband or wife Geo Wood-Smith
6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased Aug 8 1904
(Month) (Day) (Year)

8. AGE: Years 42 Months 3 Days 22
If less than one day hr. min.

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

10. Usual occupation House wife

11. Industry or business at Home

MOTHER FATHER { 12. Name Julian Wiczarek

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

14. Maiden name Mary Wiczarek

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

16. (a) Informant Geo Wood Smith

(b) Address Linn Mo

17. (a) BURIAL (b) Date there 4/3/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt Olive Ch

18. (a) Signature of funeral director Wm J. Brexcek
(b) Address 7500 Michigan

19. (a) APR 4 1947 (b) J. F. Brexcek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 31
year 1947 hour 12 minute 45 P.M.

21. I hereby certify that I attended the deceased from March 22
1947 to March 31, 1947
that I last saw her alive on March 30, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Vaginal hemorrhage
Duration

Due to Carcinoma of cervix, Squamous, Stage IV 3 yrs
Due to

Other conditions (Include pregnancy within 5 months of death)
None

Major findings: Of operations carcinoma of cervix extension of autopsy to bladder, rectum, right pelvis, vesico-vaginal fistula
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
(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 6

23. Signature Bernie A. Torin (M. D. or other) M.D.
Address 4500 Olive St. Louis, Mo Date signed Mar 31, 1947

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

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 *Oliver E. Rendell*

Licensed Embalmer No. *4148*

P. O. Address *Young 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.