

FILED MAY 12 1947

State File No. _____

Registration District No. 58

Primary Registration District No. 4687

Registrar's No. 15-

1. PLACE OF DEATH:

(a) County Carter
(b) City or town Van Buren
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
own home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 20 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME

John H Woodoff

(b) If veteran, name war _____

(c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 29
year 1947 hour 9 minute A M.

21. I hereby certify that I attended the deceased from no medical care
that I last saw him _____ alive on _____, 19____
and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced widowed
(b) Name of husband or wife unknown 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased June 25 1873
(Month) (Day) (Year)

Immediate cause of death heart attack

8. AGE: Years 73 Months 10 Days 4 If less than one day _____ hr. _____ min.

Due to _____
Due to _____

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

Other conditions (include pregnancy within 3 months of death) _____

10. Usual occupation Labourer

Major findings: Of operations ASC

11. Industry or business _____

Of autopsy _____

12. Name unknown

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

14. Maiden name unknown

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

16. (a) Informant Dept of welfare

(b) Address Van Buren Mo.

17. (a) Burial (b) Date thereof 4-30-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Van Buren

18. (a) Signature of funeral director Seaton Pewitt

(b) Address Van Buren Mo

19. May 1st 47 (Date received local registrar)

Miss Octa Henson (Registrar's signature)

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 3

23. Signature Seaton Pewitt (M.D. or other) _____

Address Van Buren Mo. Date signed 4-29-47

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

RECEIVED

District Health Officer No. 6,

District File Number 547270

Date Filed 5-10-47

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 Seaton Peritt

Licensed Embalmer No. 2287

P. O. Address Van Buren

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.