

FILED MAR 1 1948

Registration District No. 218

Primary Registration District No. 4330

Registrar's No. 5

1. PLACE OF DEATH:

(a) County Mississippi  
(b) City or town East Prairie  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution Residence 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 12 yrs  
years, months or days

3. (a) PRINT FULL NAME FANNIE WOODS

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Will M. Woods 6. (c) Age of husband or wife if alive 69 years  
7. Birth date of deceased Feb 4 1882  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
65 11 1 hr. min.

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

10. Usual occupation Domestic

MOTHER FATHER  
11. Industry or business  
12. Name George Carter  
13. Birthplace Unknown Tenn  
(City, town, or county) (State or foreign country)  
14. Maiden name Martha Powers  
15. Birthplace Ohio Co. Tenn  
(City, town, or county) (State or foreign country)

16. (a) Informant Talpadge Woods  
(b) Address East Prairie Mo.

17. (a) Burial (b) Date thereof Jan 7-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rogwood

18. (a) Signature of funeral director David Shelly  
(b) Address East Prairie Mo.

19. (a) 2-4-48 (b) Bertrude S. Harper  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mississippi  
(c) City or town East Prairie, 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 \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 5th  
year 1948 hour 10 minute \_\_\_\_\_ A. M.

21. I hereby certify that I attended the deceased from Jan, 1947, to Jan 5, 1948  
that I last saw her alive on Jan 4, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia tuberculosis  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)  
Major findings: Of operations \_\_\_\_\_  
Of autopsy 13 B.  
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 \_\_\_\_\_  
(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 0  
23. Signature D. J. Martin (M. D. or other)  
Address East Prairie Date signed 1-6-48

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

7  
2  
0

RECEIVED

District Health Office No. 2,

District File Number 248-285

Date Filed 7-25-48

**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

*Frank Shelby*

Licensed Embalmer No. 2726

P. O. Address East Prairie, 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.**