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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 19 1948

UNITED STATES BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11431
Registrar's No. 19

Registration District No. 15 Primary Registration District No. 3004

1. PLACE OF DEATH:
(a) County Barton
(b) City or town Lamar
(c) Name of hospital or institution: At Home
(d) Length of stay: In hospital or institution 68 years
In this community 68 years

3. (a) PRINT FULL NAME Sarah E. woodin
3. (b) If veteran, name war No
3. (c) Social Security No. None

4. Sex Female
5. Color or race white
6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife Ira S. woodin
6. (c) Age of husband or wife if alive deceased
7. Birth date of deceased December 24 1860

8. AGE: Years 87 Months 2 Days 23

9. Birthplace Indiana

10. Usual occupation Housewife

11. Industry or business
12. Name J. D. England
13. Birthplace Indiana
14. Maiden name Mahala Cruzan
15. Birthplace Indiana

16. (a) Informant Mrs. Mahala McDonald
(b) Address Lamar, Mo.

17. (a) Burial (b) Date thereof March 19, 1948
(c) Place: burial or cremation: Oakton Cemetery

18. (a) Signature of funeral director Chiles Funeral Home
(b) Address Lamar, Missouri

19. (a) MAR 18 1948 (b) Marie Korantz

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Barton
(c) City or town Lamar
(d) Street No. 1002 1/2 Broadway
(e) Citizen of foreign country? No

20. DATE OF DEATH: Month March day 17
year 1948 hour 11 minute A. M.

21. I hereby certify that I attended the deceased from Feb 15 1948 to March 7 1948
that I last saw him alive on March 7 1948
and that death occurred on the date and hour stated above.

Immediate cause of death: Hypertension - Pneumonia
Duration 2

Due to Hypertension and nephritis

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

Major findings: Of operations
Of autopsy
ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

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?

23. Signature: C. E. Dickett (M. D. or other) M.D.
Address: Hannibal Mo Date signed 3-18/48

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

MOTHER FATHER

RECEIVED

District Health Officer No. 6;

District File Number 448-428

Date Filed _____

MAR 16 1948

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 Clarence W. Chiles

Licensed Embalmer No. 3413

P. O. Address Lomas No.

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSTHE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. mayRegistration District No. 15Primary Registration District No. 3004Registrar's No. 19

1. PLACE OF DEATH:

- (a) County Barton
 (b) - City or town Jama
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
(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)3. (a) PRINT
FULL NAMESarah E Woodin3. (b) If veteran,
name war _____3. (c) Social Security
No. _____4. Sex F 5. Color or
race W6. (a) Single, widowed, married,
divorced wid

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if
alive _____ years7. Birth date of deceased dec 24
(Month) (Day) (Year)8. AGE: Years 87 Months 2 Days 2
If less than one day
 hr. _____ min. end9. Birthplace _____
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State _____ (b) County _____
 (c) City or town _____
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month may day 7
 year 1943 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____;

that I last saw him _____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death _____

Duration

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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?
(Specify type of place)

While at work? _____ (e) Means of injury _____

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

Address _____ Date signed _____

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

SUPPLEMENTARY

S-11431