

S. No. 2
M-9-43
7-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 26 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13689**

Registration District No. **293**

Primary Registration District No. **4436**

Registrar's No. **1**

1. PLACE OF DEATH:

(a) County **Ralls**

(b) City or town **New London**
(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 **all his life**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Ralls 89**

(c) City or town **New London 1**
(If outside city or town limits, write "RURAL")

(d) Street No. **0**
(If rural, give location) **0**

(e) Citizen of foreign country? **0** (Yes or No)

If yes, name country **0**

3. (a) PRINT FULL NAME **Edward Woodson**

3. (b) If veteran, name war **/**

3. (c) Social Security No. **/**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **6th**
year **1948** hour **9:30** minute **A.M.**

4. Sex **Male**

5. Color or race **Negro**

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

6. (b) Name of husband or wife **/**

6. (c) Age of husband or wife if alive **1** years **1875** (Day) (Year)

7. Birth date of deceased **3** (Month) **1** (Day) **1875** (Year)

21. I hereby certify that I attended the deceased from **no medical attention**
that I last saw h. **alive on** **19**
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
73	0	5	hr. min.

Immediate cause of death **Probable Cause of Death Myocarditis.**

Due to **0**

Due to **0**

9. Birthplace **New London Mo 0**
(City, town, or county) (State or foreign country)

10. Usual occupation **Laborer**

Other conditions (Include pregnancy within 3 months of death) **0**

Major findings: Of operations **0**

Of autopsy **93E**

11. Industry or business **/**

12. Name **Joe Woodson 0**

13. Birthplace **New London Mo 0**
(City, town, or county) (State or foreign country)

14. Maiden name **Mary Bell 0**

15. Birthplace **New London Mo 0**
(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) **0**

(b) Date of occurrence **0**

(c) Where did injury occur? (City or town) (County) (State) **0**

(d) Did injury occur in or about home, on farm, in industrial place, in public place? **0**

16. (a) Informant **Joe Woodson**

(b) Address **New London**

17. (a) **Burial** (Burial, cremation, or removal)

(b) Date thereof **3-9-48** (Month) (Day) (Year)

(c) Place: burial or cremation **New London Cem**

18. (a) Signature of funeral director **Geo E Roberts**

(b) Address **Narribal Mo**

19. (a) **3-12-48** (Date received local registrar)

(b) **H. P. Waters, Jr** (Registrar's signature)

(Specify type of place) **0**

(e) Means of injury **0**

23. Signature **Olyde Wilkey** (M.D. or other)

Address **Perry Mo** Date signed **3/12/48**

Duration

Underline the cause to which death should be charged statistically.

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

APR 25 1948

RECEIVED
District Health Officer No. 10
District File Number 4-48-745
APR 23 1948
Date Filed

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 Geo E Roberts

Licensed Embalmer No. 2113

P. O. Address Hannibal 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.