

FILED AUG 11 1948

State File No. ....

Registration District No. 38

Primary Registration District No. 3006

Registrar's No. 218

1. PLACE OF DEATH:

(a) County Boone  
(b) City or town Columbia, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Ellis Fischel State Cancer Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 23 Days  
(Specify whether  
In this community...  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Douglas **34**  
(c) City or town Mt. Grove  
(If outside city or town limits, write "RURAL")  
(d) Street No. Route # 6  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME

Freida Fay Woods

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 Married  
6. (b) Name of husband or wife Olen R. Woods  
6. (c) Age of husband or wife if alive Unknown years  
7. Birth date of deceased July 29 10  
(Month) (Day) (Year)

8. AGE: Years 38 Months 0 Days 8  
If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business.....

MOTHER FATHER { 12. Name J. S. Chaney  
13. Birthplace Unknown  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Hospital Record  
(b) Address Columbia Mo  
17. (a) Burial (b) Date thereof Aug 8<sup>th</sup> 48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Mt Grove Mo

18. (a) Signature of funeral director R. Quiret  
(b) Address Columbia  
19. (a) 8-6-48 (b) Mrs. R.E. Palmer  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 6, year 1948 hour 7:00 minute 45 A.M.

21. I hereby certify that I attended the deceased from 3 May 48 to 6 Aug 48  
~~6 Aug 48~~ 1948 to 6 Aug 1948  
that I last saw her alive on 6 August 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myelogenous leukemia  
Duration 3 yrs.

Due to .....  
Due to .....

Other conditions None  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations None  
Of autopsy not permitted

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.....

23. Signature William T. Moss (M. D. or other) M.D.  
Address Columbia, Missouri Date signed 6 Aug 48

RECEIVED  
District Health Officer No. 9,  
District File Number  
AUG 10 1948  
Date Filed

AUG 17 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 *A. J. Wiley*

Licensed Embalmer No. 3183

P. O. Address Columbia N.Y.

**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.