

FILED SEP 1 1948

Registration District No. **47**

Primary Registration District No. **3008**

1. PLACE OF DEATH:

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

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** County **Callaway**  
(c) City or town **Fulton**  
(If outside city or town limits, write "RURAL.")  
(d) Street No. **317 N. 9th** (If room give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) ~~PREVIOUS~~ FULL NAME **Mattie Woodley**

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. **None**

4. **Female** 5. **Negro** 6. (a) **Widowed**  
race \_\_\_\_\_ marital status \_\_\_\_\_

6. (b) Name of husband or wife **Other** 6. (c) Age of husband or wife \_\_\_\_\_  
alive \_\_\_\_\_ years

7. Birth date of deceased **Apr 7 1892**  
(Month) (Day) (Year)

8. AGE: Years **56** Months **4** Days **16** If less than one day \_\_\_\_\_  
hr. \_\_\_\_\_ (min.) \_\_\_\_\_

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

10. Usual occupation **House Work**

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name **(D.K.)**  
13. Birthplace **DK** 9  
(City, town or county) (State or foreign country)  
14. Maiden name **Eliza Byrd**  
15. Birthplace **Missouri**  
(City, town or county) (State or foreign country)

16. (a) Informant **Ms. Marie Berrie**  
(b) Address **317 N. 9th St. Fulton, Mo**

17. (a) **Burial** (b) Date thereof **Aug 26-48**  
(By) (Month) (Day) (Year)  
(c) Place of burial **New Richmond Cem. Callaway Co. Mo**

18. (a) Signature of funeral director **E. Beled**  
(b) Address **821 State St. Fulton, Mo**

19. **August 26, 1948** **Josee M. Mansfield**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug** day **23**  
year **1948** hour **8** minute **15 A.M.**

21. I hereby certify that I attended the deceased from **Aug 22**, 1948, to **Aug 23**, 1948;  
that I last saw her alive on **Aug 22**, 1948;  
and that death occurred on the date and hour stated above.

Immediate cause of death **Diabetes Mellitus** Duration **2 yrs**

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions **Hypertension** 2 yrs  
(Include pregnancy within \_\_\_\_\_ months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy **61**

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) (c) Means of injury \_\_\_\_\_  
Signature **Lloyd E. Hutchinson** (M. D. or other) **D.O.**  
Address **Fulton, Mo.** Date signed **8/25/1948**

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District Health Officer No. 9  
RECEIVED

1 SEP 25 1949

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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, ~~by~~ \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_ working under my personal supervision.

Signed Eli Bell  
Licensed Embalmer No. 2130  
P. O. Address Fulton, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.