

FILED DEC 15 1948

Registration District No. **50**

Primary Registration District No. **5103**

Registrar's No. **34**

1. PLACE OF DEATH:

(a) County Benton  
 (b) City or town WARSAW Rural Lindsay  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
NONE  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
 In this community Life  
 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Benton  
 (c) City or town WARSAW  
 (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 \_\_\_\_\_

3. (a) PRINT FULL NAME ETHEL C WOIRHAYE  
 3. (b) If veteran, name war NO  
 3. (c) Social Security No. NO

4. Sex FEMALE 5. Color or race W  
 6. (a) Single, widowed, married, divorced MARRIED  
 6. (b) Name of husband or wife E.C. Woirhaye  
 6. (c) Age of husband or wife if alive 67 years  
 7. Birth date of deceased Dec 2 1884  
 (Month) (Day) (Year)

8. AGE: Years 64 Months 0 Days 8  
 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Housewife

11. Industry or business Home

12. Name James Crawford  
 13. Birthplace Unknown  
 (City, town or county) (State or foreign country)

14. Maiden name Myrlinda P. Pura  
 15. Birthplace Unknown  
 (City, town, or county) (State or foreign country)

16. (a) Informant E.C. Woirhaye  
 (b) Address Warsaw, Mo

17. (a) Burial (b) Date thereof 12-11-48  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Riverside  
 18. (a) Signature of funeral director John F. Reser  
 (b) Address Warsaw, Missouri

19. (a) 12/11/48 (b) Jas. A. Logan  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December, 10  
 year 1948 hour 3 minute or A.M.  
 21. I hereby certify that I attended the deceased from \_\_\_\_\_, 1946, to Dec 10, 1948;  
 that I last saw her alive on Dec 9, 1948,  
 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Bronchial Pneumonia

Due to apoplexy

Other conditions (Include pregnancy within 3 months of death)

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

Duration

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 W. H. Hunt (M. D. or other) \_\_\_\_\_  
 Address Warsaw, Mo Date signed 12/11/48

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

MOTHER FATHER

**RECEIVED**

District Health Officer No. 7

District File Number 11-48-1448

Date Filed 12-14-48

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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, or by.....

..... Jack W. Reser , Registered Apprentice No. 12  
.....  
working under my personal supervision.

Signed John F. Reser

Licensed Embalmer No. 4098

P. O. Address Warsaw

**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.**