

FILED SEP 22 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32624

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 6076		Registrar's No. 21521	
1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>ILL.</u> b. COUNTY <u>COOK</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>So. Kinloch</u>		c. LENGTH OF STAY (In this place) <u>3 WKS.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Chicago</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Evergreen Ave</u>				d. STREET ADDRESS (If rural, give location) <u>123 East 58th St.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>COURTNEY</u>		b. (Middle)		c. (Last) <u>WOODARD</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>9 8 1949</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>NEGRO</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>June 12, 1907</u>	
9. AGE (In years last birthday) <u>42</u>		10. UNDER 1 YEAR Months <u>2</u> Days <u>26</u>		11. BIRTHPLACE (State or foreign country) <u>Jackson City Tenn.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>					
13a. FATHER'S NAME <u>Silas Everly</u>		13b. MOTHER'S MAIDEN NAME <u>Lizzie Simmons</u>		14. NAME OF HUSBAND OR WIFE <u>Eugene Woodard</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Lizzie Everly Chicago Ill.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Tuberculosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>✓</u> DUE TO (c) <u>✓</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>none</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>002X</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>✓</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>✓</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>✓</u>			
22. I hereby certify that I attended the deceased from <u>8-26</u> , 1949, to <u>9-8</u> , 1949, that I last saw the deceased alive on <u>9-8</u> , 1949, and that death occurred at <u>10 P. M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Ray Johnson M.D.</u>				23b. ADDRESS <u>Johnson 2100</u>		23c. DATE SIGNED <u>9/9/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>9-10-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>COOK CTY. ILL.</u>		24d. LOCATION (City, town, or county) (State) <u>Ill.</u>	
DATE REC'D BY LOCAL REG. <u>9-10-49</u>		REGISTRAR'S SIGNATURE <u>Robert P. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Boyd Bro's Funerary Home So. Kinloch</u>			

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

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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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Edward A Flynn

Licensed Embalmer No. 4444

P. O. Address 4548 E 209

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.