

FILED DEC 19 1949

THE DIVISION OF HEALTH - MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **10298**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **1359**

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Joseph</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Joseph</b>	
c. LENGTH OF STAY (in this place) <b>45 years</b>		d. STREET ADDRESS (If rural, give location) <b>3318 Mitchell Ave.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>3318 Mitchell Ave.</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Julia</b> b. (Middle) <b>Mary</b> c. (Last) <b>Woodbury</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 8, 1949</b>		
5. SEX <b>female</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	
8. DATE OF BIRTH <b>Dec. 2, 1866</b>		9. AGE (In years last birthday) <b>83</b> 0 <b>0</b> 6		10. CITIZEN OF WHAT COUNTRY <b>USA</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>at home</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>at home</b>		11. BIRTHPLACE (State or foreign country) <b>Andrew County, Missouri</b>	

13a. FATHER'S NAME <b>Stephen Davis</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Hobson</b>		14. NAME OF HUSBAND OR WIFE <b>Elmer Drew Woodbury</b>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Elmer Drew Woodbury, St. Joseph, Mo.</b>	
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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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pneumonia, terminal</b>			INTERVAL BETWEEN ONSET AND DEATH <b>2 days</b>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			DUE TO (b) <b>Carcinomatosis, generalized</b> <b>1 year</b>
		DUE TO (c) <b>Ca of ovary</b> <b>5 years</b>			<b>175X</b>
		11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from 21 March, 1948 to 8 Dec, 1949, that I last saw the deceased alive on 5 Dec, 1949, and that death occurred at 4:00 P.M. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Willie B. McDonald M.D.</b>		23b. ADDRESS <b>301 N. 8th St. St. Joseph, Mo.</b>		23c. DATE SIGNED <b>9 Dec 49</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>12/10/49</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park Cemetery</b>	
				24d. LOCATION (City, town, or county) (State) <b>St. Joseph, Missouri</b>	

DATE REC'D BY LOCAL REG. <b>Dec 13, 1949</b>		REGISTRAR'S SIGNATURE <b>G. B. Jenkins</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Heaton-Brown Funeral Home, St. Joseph, Mo.</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. W. M. Donald

**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 Ernest Wood.....

Licensed Embalmer No. 3804

P. O. Address 319 So 10th, St. Joseph

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.