

Registration District No. 297

Primary Registration District No. 3057

Registrar's No. 71

1. PLACE OF DEATH:

(a) County Ray  
(b) City or town Richmond, Missouri.  
(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 None  
In this community Since 1907.  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Ray  
(c) City or town Richmond, Mo.  
(d) Street No. Royal Street  
(If rural, give location)  
(e) Citizen of foreign country? XXX No  
If yes, name country U.S.A.

3. (a) PRINT FULL NAME Agnes Woods

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
(b) Name of husband or wife Johnson Woods Deceased 6. (c) Age of husband or wife if alive Jan. 28 th 1866.  
7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 78 Months 8 Days 10 If less than one day hr. min.

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

10. Usual occupation House Keeper

11. Industry or business Unknown

12. Name Unknown  
13. Birthplace (City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant Mr McNeal  
(b) Address Richmond, Mo.  
17. (a) Burial (b) Date thereof 10-10-44.  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Sunny Slope

18. (a) Signature of funeral director J. B. Brothman  
(b) Address Richmond, Mo.  
19. (a) Oct 10 1944 (b) Miss R. W. Shippard  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 5 year 1944. hour 5 minute 40P M.

21. I hereby certify that I attended the deceased from Sept 30, 1944, to Oct 8, 1944 that I last saw her alive on Oct 8, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis  
Due to Advanced Arterio Sclerosis  
Due to gla

Other conditions (Include pregnancy within 3 months of death) gla  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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 J. W. Games (M. D. or other) MD  
Address Richmond, Mo. Date signed 10-9-44

Duration 2 day  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

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

RECEIVED

District Board of Health

District File Number

Date Filed March 13, 1944

**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.....

**J.B. Brothers**

....., Registered Apprentice No.....

working under my personal supervision.

**Brothers Funeral Home**

Signed J.B. Brothers.....

Licensed Embalmer No. 2001.....

P. O. Address Richmond, Mo......

**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.**