

1. No. 2  
4-13-40  
5-17-39  
P I X23152

State File No. \_\_\_\_\_

**MAR 19 1941**  
Registration District No. 743

Primary Registration District No. 4445

Registrar's No. 8

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

9  
0  
0

1. PLACE OF DEATH: Ray Co  
 (a) County Ray Co  
 (b) City or town Orick Mo  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: \_\_\_\_\_  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
 In this community all her life years, months or days

3. (a) PRINT FULL NAME Martha L. Woods  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced Widow  
 6. (b) Name of husband or wife Mathew Woods 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased 5 1 1875  
 (Month) (Day) (Year)

8. AGE: Years 65 Months 09 Days 23 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Orick Ray Co Mo (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

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

12. Name William B Parker  
 13. Birthplace Kentucky  
 14. Maiden name Martha Catherine West  
 15. Birthplace Knoxville Ray Co Mo  
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Mary Clemons  
 (b) Address Orick Mo

17. (a) Burial (b) Date thereof 2-26-41  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation O. Hill Cemetery

18. (a) Signature of funeral director C. V. Gibson & Son  
 (b) Address Orick Mo 1067

19. (a) 2/24/41 (b) [Signature]  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Ray  
 (c) City or town Orick  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_ (If rural, give location)  
 (e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 24  
 year 1941 hour 7 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from Feb. 9, 1941, to Feb. 24, 1941;  
 that I last saw her alive on Feb. 21, 1941;  
 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Liver  
 Due to Primary undetermined  
 Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) H68

Major findings: Of operations none  
 Of autopsy none

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) no  
 (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 [Signature] (M. D. or other) 6 M. D.  
 Address Orick, Mo Date signed 2/24/41

RECEIVED  
District Health Officer No. 8,  
District File Number  
Date Filed 3-10-41

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

Signed C. V. Gibson  
Licensed Embalmer No. 2299  
P. O. Address Oriskany 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.**