

Registration District No. 4ED JUN 4 1943

Primary Registration District No. 6019

1. PLACE OF DEATH:

(a) County Ray

(b) City or town Rural Orrick Township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
6 miles North of Orrick, Missouri
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether)

In this community entire life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ray

(c) City or town Rural Orrick Township
(If outside city or town limits, write "RURAL")

(d) Street No. 6 miles North of Orrick, Missouri
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MARY CATHERINE WOODS

3. (b) If veteran, name war none

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day first
year 1943 hour 9 minute _____ P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Thomas Tillman Woods

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased February 26, 1892
(Month) (Day) (Year)

Immediate cause of death Myocarditis

8. AGE:	Years	Months	Days	If less than one day
	<u>52</u>	<u>2</u>	<u>5</u>	_____ hr. _____ min.

Due to Chronic cardiac asthma

9. Birthplace Ray County Missouri
(City, town, or county) (State or foreign country)

Due to _____

10. Usual occupation Housewife

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

11. Industry or business Home

Major findings: _____

12. Name Henry Thomas Loyd

Of operations _____

13. Birthplace Ray County Missouri
(City, town, or county) (State or foreign country)

Of autopsy _____

14. Maiden name Sarah Elizabeth Cox

Underline the cause to which death should be charged statistically.

15. Birthplace Ray County, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Paul Woods

(b) Address Orrick, R.F.D. Missouri

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof May 3, 1943
(Month) (Day) (Year)

(c) Place: burial or cremation South Point Cem. Orrick Mo

18. (a) Signature of funeral director GIBSON FUNERAL HOME

(b) Address ORRICK, MISSOURI

19. (a) May 6/43 (Date received local registrar)

(b) Dr. J. F. Baber (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence May 1, 1943

(c) Where did injury occur? Orrick Ray Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home

While at work? no (Specify type of place) _____

(e) Means of injury _____

23. Signature J. F. Baber (M. D. or other)

Address Richmond, Missouri Date signed 5/11/43

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

89
0
0

1228

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 6-7-43

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.....

Edward C. Gibson
Edward C. Gibson

Licensed Embalmer No. 4137

523 Elms Blv'd

P. O. Address. Excelsior Springs, Missouri

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.