MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

REC'D JAN 18 1939

42836
Do not use this space.

1. PLACE OF DEATH
(a) County Cooper
(b) Township
(c) City Boonville,
Registration District No. 218
Primary Registration District No. 3015
Registered No. 110
(d) Street No. St. Joseph, Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
3 D

2. PRINT FULL NAME Infant Jack Lenhardt Woods (Son) of Mr. & Mrs. J. Woods
(a) Residence, No. Chillicothe, Missouri St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Baby

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 1, 1938

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, 2 hrs. or 10 min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Baby
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) St. Joseph Hospital
(STATE OR COUNTRY) Boonville, Mo.

FATHER
13. NAME Cloyad ~~Jack~~ Woods
14. BIRTHPLACE (CITY OR TOWN) Howard County
(STATE OR COUNTRY) Mo.

MOTHER
15. MAIDEN NAME Mary Martha Kaiser
16. BIRTHPLACE (CITY OR TOWN) East St. Louis,
(STATE OR COUNTRY) Illinois

17. INFORMANT Mr. Jack Woods
(ADDRESS) Chillicothe, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE Boonesboro, Mo. DATE Dec. 3, 1938

19. FUNERAL DIRECTOR (NAME) L. J. Meister
(ADDRESS) Boonville Mo

20. FILED Dec 3, 1938 D. Hooper
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 1, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1938, to Dec 1, 1938
I last saw him alive on Dec 1, 1938. Death is said to have occurred on the date stated above, at 4.30 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity (7 months)	

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) T. C. Beckett, M. D.
(Address) Boonville, Mo

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 1/13/39

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, L. J. Meis

....., or by .....,

Registered Apprentice No....., working under my personal supervision.

Signed L. J. Meister

Licensed Embalmer No. #2232

P. O. Address Boonville M

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, above space should be left blank.