

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.

AUG 7 1939

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

25706
 Do not use this space.

1. PLACE OF DEATH
 (a) County Henry Registration District No. 347
 (b) Township Clinton Primary Registration District No. 3018 Registered No. _____
 (c) City Clinton (d) Street No. _____ 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 56 yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME SAMUEL WOODS
 (a) Residence, No. 317 N 5th St St. (If nonresident, give city or town and State)

(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Josephine V Woods</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)				
7. AGE	YEARS <u>85</u>	MONTHS <u>8</u>	DAYS <u>25</u>	If LESS than 1 day,hrs. ormin.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Family Maker</u>			
	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) (STATE OR COUNTRY) <u>Danville Ill.</u>				
FATHER	13. NAME <u>William Woods</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>			
MOTHER	15. MAIDEN NAME <u>Hanna Campbell</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>			
17. INFORMANT <u>William Earnest Woods</u> (ADDRESS) <u>Clinton Mo</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Englewood</u> DATE <u>7-8</u> 19 <u>39</u>				
19. FUNERAL DIRECTOR (NAME) <u>Fred Wilkinson</u> (ADDRESS) <u>Clinton Mo</u>				
20. FILED <u>7-29</u> 19 <u>39</u> <u>Dr. J. R. Nauspeter</u> Local Registrar. (Address) <u>Clinton Mo</u>				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-6 1939

22. I HEREBY CERTIFY, That I attended deceased from June 26 1939 to July 6 1939
 I last saw him alive on July 5 1939. Death is said to have occurred on the date stated above, at 2:45 AM.
 The principal cause of death and related causes of importance were as follows:

Cerebral Infarct
Atherosclerosis
Mitral disease

Other contributory causes of importance: A2N

Name of operation _____ Date of _____
 What test confirmed diagnosis? Phurose 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) Ed. C. Peltzer, M. D.
 (Address) Clinton Mo

RECEIVED
District Health Officer No. 7,
District File Number 7-29-107
Date Filed 8-2-39

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

Signed Fred W. [Signature]
Licensed Embalmer No. 2478
P. O. Address Clinton, Ill.

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.

