

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

39419
Do not use this space.

DEC 13 1939

1. PLACE OF DEATH

(a) County Cooper Registration District No. 218
 (b) Township _____ Primary Registration District No. 3015 Registered No. 125
 (c) City Boonville (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.

2. PRINT FULL NAME George O. Woods

(a) Residence, No. New Franklin Mo. 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 Male 4. COLOR, OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or WIFE OF) Lellie Werthimer
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 1 - 1852
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
86 11 15
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Raised Farmer
 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) 1934 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Howard Co. Mo.

FATHER 13. NAME William G. Edwards

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ta.

MOTHER 15. MAIDEN NAME Jessie Munro

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Howard Co. Mo.

17. INFORMANT (ADDRESS) Mrs. Margaret Simpiel
3302 Madison St. N.W. Washington D.C.

18. BURIAL, CREMATION, OR REMOVAL PLACE Clarks Chapel DATE 11-19-39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) C. S. Dunbar
New Franklin Mo.

20. FILED 11-27, 1939 St. Cooper Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-16-39

22. I HEREBY CERTIFY, That I attended deceased from Jan, 1939, to Nov. 16, 1939

I last saw him alive on Nov. 16, 1939 Death is said to have occurred on the date stated above, at 3:00 p.m.

The principal cause of death and related causes of importance were as follows:

Prostate hypertrophy
causing obstruction
of ureters and
uremia.

Other contributory causes of importance: None

Name of operation Suprapubic drainage Date of Nov 4 1939

What test confirmed diagnosis? Lab. 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) Alfred Rammsey, M. D.

1939 (Address) Boonville, Mo.

WHITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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 TO THE HEALTH DEPARTMENT
COUNTY OF WASHINGTON
DISTRICT OF COLUMBIA

66/4/21
District Health Officer No. 8,
FILED
File Number

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 *R. H. Hall*

Licensed Embalmer No. 3515

P. O. Address New Franklin, 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, above space should be left blank.