

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

4040

Do not use this space.

1. PLACE OF DEATH
 (a) County Sullivan Registration District No. 852
 (b) Township York Primary Registration District No. 6-207 Registered No. _____
 (c) City Milan (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 40 yrs. - mos. - ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Anna May Woods
 (a) Residence, No. _____ 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 Female 4. COLOR OF RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF Joseph C. Woods
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 1, 1863
 7. AGE YEARS 77 MONTHS 8 DAYS 23 IF LESS than 1 day, _____ hrs. _____ min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at home
 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) Hannibal, Missouri

FATHER 13. NAME No Data

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

MOTHER 15. MAIDEN NAME No Data

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

17. INFORMANT (ADDRESS) Frank Woods, Milan, Mo.

18. BURIAL, CREMATION, OR REMOVAL Oakwood Cem. DATE Jan 26 40

19. FUNERAL DIRECTOR (ADDRESS) C. A. Schwere, Milan, Mo.

20. FILED Feb 5 1940 Leo Hagan Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 25 1940

22. I HEREBY CERTIFY, That I attended deceased from Jan 24 1940 to Jan 29 1940
 I last saw her alive on Jan 24 1940 Death is said to have occurred on the date stated above, at 8 a. m.
 The principal cause of death and related causes of importance were as follows:

Refugee
 11/10

Other contributory causes of importance:

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

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? _____
 If so, specify _____
 (Signed) Quincy H. Wheeler DO
 (Address) Milan Mo.

WRITE 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

District Health Officer No. 10

District File Number 2-40-345

Date Filed FEB 8 1940

STATEMENT BY LICENSED EMBALMER

I, Frank D. Schoene, Licensed Embalmer No. 2016

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

— L. E. —

No. — or by —, Registered Apprentice No. —

working under my personal supervision.

Signed Frank D. Schoene

Licensed Embalmer No. 2016

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.)

