

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

14288

State File No. _____

Registration District No. 84

Primary Registration District No. 84 4052

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution: _____
2
(If not in hospital or institution, write street number or location)

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

In this community 71 years 1 Mo. 8 Days
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Buchanan

(c) City or town Rushville, Mo.
(If outside city or town limits write "RURAL")

(d) Street No.: _____
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME William Woods 320

8. (b) If veteran, name war no 3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 20th
year 1940 hour 4 minute 30 P.M.

21. I hereby certify that I attended the deceased from Mar 9th
_____, 1940, to Mar 20, 1940,
that I last saw him alive on Mar 19th, 1940
and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race White 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Nellie May Woods 6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased Feb. 12 1868
(Month) (Day) (Year)

Immediate cause of death

Pneumonia

Due to Lobar

Due to Influenza

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

8. AGE: Years Months Days If less than one day

72	12	8	hr. _____ min.
----	----	---	----------------

PHYSICIAN

Major findings: _____
Of operations _____

Of autopsy none

Underline the cause to which death should be charged statistically.

9. Birthplace Rushville Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer A

11. Industry or business _____

MOTHER FATHER { 12. Name Jess Woods 0

13. Birthplace Belport, Mo
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth UNKNOWN

15. Birthplace UNKNOWN UNKNOWN
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Nellie Woods

(b) Address Rushville, Mo.

17. (a) Burial (b) Date thereof Mar. 22 40
(Burial, cremation, or removal) (Month) (Day) (Year)

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

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

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 84

While at work? _____ (e) Means of injury _____

23. Signature A. Sharp (M. D. or other) _____

Address Rushville Mo Date signed Mar 27 40

(c) Place: burial or cremation Armstrong Cemetery
FLEEMAN & SON, INC.

18. (a) Signature of funeral director _____

(b) Address St. Joseph, Mo.

19. (a) Mar 22 1940 (b) L. F. Hargery
(Date received local registrar) (Registrar's signature)

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

RECEIVED
District Health Officer No. 11
District File Number 340
Date Filed MAY 9 1940 217

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 Ch. Swan

Licensed Embalmer No. 4082

P. O. Address St. Joseph

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.