

State File No. _____

Registrar's No. 160

Registration District No. 8703

Primary Registration District No. 3039

1. PLACE OF DEATH:

(a) County Vernon
(b) City or town Nevada
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Home of daughter Mrs. O. O. Johns 304 S. Olive
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 320
(Specify whether years, months or days)
In this community 59 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Vernon
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Washington Township
(If rural, give location)
(e) If foreign born, how long in U. S. A. 59 years.

8. (a) PRINT FULL NAME William M. Woods

8. (b) If veteran, name war ✓ 8. (c) Social Security No. None

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife Elizabeth Ruthford 6. (c) Age of husband or wife if alive 14 years

7. Birth date of deceased May 14 1871
(Month) (Day) (Year)

8. AGE: Years 69 Months 0 Days 29 If less than one day hr. _____ min. _____

9. Birthplace Pettis County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business farming

12. Name Joseph Woods

13. Birthplace St. Clair County Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Burrall

16. Birthplace St. Clair County Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Ola Mae Johns

(b) Address 304 S. Olive, Nevada Mo

17. (a) Burial (b) Date thereof 6-16-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Norton Burial Park

18. (a) Signature of funeral director Ways Funeral Service

(b) Address Nevada Mo

19. (a) June 14 1940 (b) Allen E. Ways
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 13th
year 1940 hour 8:00 minute 55¹² M.

21. I hereby certify that I attended the deceased from June 13, 1940 to June 13, 1940; that I last saw him alive on June 13, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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? _____

(e) While at work? 795 (Specify type of place) (e) Means of injury _____

23. Signature Ways (M. D. or other) _____

Address Nevada, Mo Date signed 6-15-40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

222

RECEIVED JUL 15 1940

RECEIVED
District Health Officer No. 7,
District File Number 7-40-1041
Date Filed 7-9-40

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 Allen T. Kaye
Licensed Embalmer No. 1968
P.O. Address Nevada 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.