

S.S.No.-Yes, not remembered

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

24902

Do not use this space.

1. PLACE OF DEATH

(a) County Clay 3 Registration District No. 198
 (b) Township Fishing River 0 Primary Registration District No. 3011 Registered No. 107
 (c) City Excelsior Springs, Mo. (d) Street No. Veterans Administration Facility 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. 17 ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Charles A. Woods
 (a) Residence, No. 133 Richmond, Excelsior Springs, Mo. (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 OR (or) WIFE of Anna Woods
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 28, 1898
 7. AGE YEARS 42 MONTHS 2 DAYS 17 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Miner
 9. Industry or business in which work was done, as saw mill, bank, etc. Mining
 10. Date deceased last worked at this occupation (month and year) Unknown 11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (CITY OR TOWN) Lexington, Mo. (STATE OR COUNTRY)

FATHER 13. NAME Link Woods
 14. BIRTHPLACE (CITY OR TOWN) Illinois (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Martha Kirk
 16. BIRTHPLACE (CITY OR TOWN) ? (STATE OR COUNTRY) Indiana

17. INFORMANT Hospital Records (ADDRESS)

18. BURIAL, CREMATION, OR OTHER DISPOSITION
 PLACE Excelsior Springs, DATE July 17, 1940

19. FUNERAL DIRECTOR (NAME) Claude Prichard (ADDRESS) Excelsior Springs, Missouri

20. FILED July 17, 1940 Mr. C. M. Cracker Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 15, 19 40

22. I HEREBY CERTIFY, That I attended deceased from June 29, 1940, to July 15, 19 40

I last saw him alive on July 15, 19 40. Death is said to have occurred on the date stated above, at 5:30 P.M.

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

Acute Purulent Bronchitis
Bronchiectasis

Date of onset

Other contributory causes of importance:

Acute Vegetative Endocarditis
with infarcts to lungs and spleen

Name of operation None Date of

What test confirmed diagnosis? Exam. and Was there an autopsy? Yes
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 Unknown
 (Signed) W. A. Gerian M. D.
W. A. GERIAN, M.D., Clinical Director
 (Address) Veterans Administration Facility
Excelsior Springs, Missouri.

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 8-8-40

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.....

Walter Barker, Registered Apprentice No. 228,
working under my personal supervision.

Signed Man Hessel
Licensed Embalmer No. 2509
P. O. Address Liberty 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.