

1940 SEP 2 1200

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

30042  
Do not use this space.

1. PLACE OF DEATH  
 (a) County Wright Registration District No. 908  
 (b) Township Mountain Grove, Mo. Primary Registration District No. 4549  
 (c) City Mountain Grove, Mo. 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Nettie Aileen Woods  
 (a) Residence, No. 1 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 OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND or (or) WIFE OF J. Frank Woods

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 2, 1867

7. AGE YEARS 73 MONTHS 4 DAYS 20 If LESS than 1 day, hrs. or min.

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housekeeper  
 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) Mt. Grove, Mo.

FATHER  
 13. NAME Alfred Goodman  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

MOTHER  
 15. MAIDEN NAME Sarah Wilson  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

17. INFORMANT (ADDRESS) Earna Devault  
Mt. Grove, Mo.

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Sanlow DATE Aug. 24, 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Russell Barber  
Mt. Grove, Mo.

20. FILED 8-25-40 Bernice Montgomery  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) \_\_\_\_\_, 19\_\_\_\_

22. I HEREBY CERTIFY, That I attended deceased from Aug 15, 1940 to Aug 21, 1940  
 I last saw him alive on Aug 21, 1940 Death is said to have occurred on the date stated above, at 4 A.M.  
 The principal cause of death and related causes of importance were as follows:  
Summer diarrhea  
and thrombo angiod  
obliteration of rt. leg.  
 Date of onset \_\_\_\_\_

Other contributory causes of importance: 12/1/40

Name of operation none Date of \_\_\_\_\_  
 What test confirmed diagnosis clinical 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?  
 If so, specify \_\_\_\_\_  
 (Signed) R. A. Kear M. D.  
 (Address) Mt. Grove

(Licensed Embalmer's Statement on Reverse Side)

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.

50M-9-19-35 I X16003

RECEIVED

District Health Officer No. 8,

District File No. 940-2618

Date Filed SEP 17 1940

**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.....

*Frank Barber*

Licensed Embalmer No. 3848

P. O. Address Mt. Hope, 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.**



