

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **35014**

NOV 15 1948
Registration District No. **1948 9**

Primary Registration District No. **5180**

Registrar's No. **66**

1. PLACE OF DEATH:
(a) County Cape Girardeau
(b) City or town Rural
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location) 2
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 79 yrs years, months or days

3. (a) PRINT FULL NAME GEORGE ADAMS WOODS
3. (b) If veteran, name war ✓
3. (c) Social Security No. none

4. Sex Male 5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Ella Adams Woods
6. (c) Age of husband or wife if alive 78 years
7. Birth date of deceased Sept 27 1861 (Month) (Day) (Year)

8. AGE: Years 79 Months 1 Days 7 If less than one day hr. _____ min. _____

9. Birthplace Cape Girardeau Co. (City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business _____
12. Name Rufus M. Woods
13. Birthplace N. Carolina (City, town, or county) (State or foreign country)
14. Maiden name Mary Adams
15. Birthplace N. Carolina (City, town, or county) (State or foreign country)

16. (a) Informant's own signature George D. Dyke
(b) Address Osceola, Ark.

17. (a) Burial (b) Date thereof 10-30-40 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Pleasant Hill Cemetery

18. (a) Signature of funeral director W. Miller
(b) Address Jackson Mo.

19. (a) 10-30-40 (b) G. F. Johnson (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cape Girardeau
(c) City or town Rural (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.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct day 29 year 1940 hour 71 minute A M.

21. I hereby certify that I attended the deceased from June, 1940, to Oct 29, 1940 and that death occurred on the date and hour stated above.
that I last saw him alive on Dec 28, 1940

Immediate cause of death Carcinoma Pectus Duration 1 year

Due to ✓
Due to ✓ Hb

Other conditions none (Include pregnancy within 3 months of death)

Major findings: Of operations ✓
Of autopsy ✓
PHYSICIAN _____ Underline the cause to which death should be charged statistically.

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? _____

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

23. Signature G. F. Johnson (M. D. certifier)
Address Jackson Mo Date signed 10-30-40

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

Rev. 5-17-39 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.

1 X19511

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 Lynna Steele
Licensed Embalmer No. 2476
P. O. Address Jackson 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.