

No. 2
4-13-40
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4

APR 10 1941

Primary Registration District No. 2001

Registrar's No. 212

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

39
2
6

1. PLACE OF DEATH:

(a) County GREEN

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

(c) Name of hospital or institution: Springfield Baptist Hospital
(If not in hospital or institution, write street number or location)

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

In this community _____
years, months or days

3. (a) PRINT FULL NAME Woods, John

3. (b) If veteran, name war no

3. (c) Social Security No. None

4. Sex male 5. Color or race white

6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife None

6. (c) Age of husband or wife if alive XX years

7. Birth date of deceased Unknown 1926
(Month) (Day) (Year)

8. AGE: Years About 15 Months Unknown Days Unknown If less than one day _____ hr. _____ min.

9. Birthplace Unknown Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation School

11. Industry or business _____

MOTHER FATHER

12. Name Woods, Ma. John

13. Birthplace Springfield, Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Walters, Annie

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

16. (a) Informant Mr. Walter Newborth

(b) Address Port Fork, Missouri

17. (a) Burial (b) Date thereof March 12, 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Springfield, Mo.

18. (a) Signature of funeral director Clifford H. ...

(b) Address City, Missouri

19. (a) 3-12-41 (b) W. E. Handley, M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Douglas County

(c) City or town Toledo
(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.? 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March 12
year 1941 hour 3:15 minute P M.

21. I hereby certify that I attended the deceased from 3/7/41
_____ 19____, to 3/12 _____ 1941;
that I last saw him alive on 3/12/41, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death lung abscess non tubercular.

Due to _____

Due to _____

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

Major findings: No operation

Of operations _____

Of autopsy _____

Duration 1974

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? _____

(Specify type of place)

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

23. Signature Wm. J. Callaway, M. D.
Address Springfield, Mo. Date signed 3/13/41

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.....


Licensed Embalmer No.....

P. O. Address.....

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, fact should be so stated above.