No. 2
4-13-40
5-17-39
PI X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MAY 9 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 14265

Registration District No. 198 Primary Registration District No. 3011 Registrar's No. 60

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

1. PLACE OF DEATH:
(a) County: Clay
(b) City or town: Excelsior Springs, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Administration Facility 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 18 days (Specify whether years, months or days)
In this community: unknown

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Grundy 40
(c) City or town: Trenton 1
(If outside city or town limits, write "RURAL")
(d) Street No.: 212 West 14th St., Trenton, Mo. 2
(If rural, give location)
(e) If foreign born, how long in U. S. A.? -- years. 1

3. (a) PRINT FULL NAME: William J. Woods
3. (b) If veteran, name war: World War
3. (c) Social Security No.: None
4. Sex: Male 0
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Edra Woods
6. (c) Age of husband or wife if alive: ? years
7. Birth date of deceased: January 27, 1896 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
45	2	27	hr. min.

9. Birthplace: Tindall, Mo. 0 (City, town, or county) (State or foreign country)
10. Usual occupation: Bus Operator
11. Industry or business: "
FATHER
12. Name: Jarvis Woods
13. Birthplace: Tindall, Mo. 0 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Ella Fanning
15. Birthplace: Tindall, Mo. 0 (City, town, or county) (State or foreign country)
16. (a) Informant: Hospital records
(b) Address:
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 4-24-41 (Month) (Day) (Year)
(c) Place: burial or cremation: Trenton, Mo.
18. (a) Signature of funeral director: Claude Prichard
(b) Address: Excelsior Springs, Mo.
19. (a) April 24-1941 (Date received local registrar) (b) Mae Rae McCracken (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 23 day April year 1941 hour 10:10 minute P. M.
21. I hereby certify that I attended the deceased from April 6, 1941 to April 23, 1941, that I last saw him alive on April 23, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Hypertensive and coronary arterio-	
sclerotic disease of heart with	
Due to: mitral incompetency, myocardial	
fibrosis and myocardial insuffi-	
Due to: ciency	
Chr. Nephritis, interstitial	
Other conditions (Include pregnancy within 3 months of death)	
Uremia, chronic; Sub-acute adhesive	
Major findings of operations: pericarditis	
Of autopsy: As shown above	

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: E. A. Welch (M. D. or other) 0
Address: E. A. WELCH, M. D., Veterans Administration Date signed 4-24-41

(Licensed Embalmer's Statement on Reverse Side) Excelsior Springs, Mo.

RECEIVED
District Health Officer No. 8,
District File Number 3-6-41
Date Filed

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 Claude Prichard

Licensed Embalmer No. 2751

P. O. Address Excelsior Springs

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.