

No. 2
11-10-39
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DEPARTMENT OF COMMERCE

FILLED NOV 25 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 28927

Registration District No. 604

Primary Registration District No. 4358

Registrar's No.

1. PLACE OF DEATH:

(a) County New Madrid
(b) City or town New Madrid
(c) Name of hospital or institution: No 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution NO
(Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid
(c) City or town New Madrid
(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.? 0 years.

8. (a) PRINT FULL NAME JESS Woods

3. (b) If veteran name war No 3. (c) Social Security No. No

4. Sex M 5. Color or race W 6. (a) Single, widowed (married) divorced MARRIED

6. (b) Name of husband or wife Rosa B. Woods 6. (c) Age of husband or wife if alive 36 years

7. Birth date of deceased May 24-1883
(Month) (Day) (Year)

8. AGE: Years 58 Months 3 Days 21 If less than one day hr. min.

9. Birthplace Rockwood Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation Fisherman

11. Industry or business

12. Name George Woods
18. Birthplace unk unk
(City, town, or county) (State or foreign country)
14. Maiden name unk
15. Birthplace unk unk
(City, town, or county) (State or foreign country)

16. (a) Informant Rosa B. Woods

(b) Address New Madrid Mo.

17. (a) Burial (b) Date thereof Sept 16-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Evergreen

18. (a) Signature of funeral director Richard and Co

(b) Address New Madrid Mo.

19. (a) 9-17-41 (b) Wm O'Barrow
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 15
year 1941 hour 1:00 minute P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____
that I last saw him alive on _____, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis by record

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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 Leo Hedgcock (Deputy Registrar)

Address New Madrid Mo Date signed 9/15-41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

2
4
0

SEP 19 1941

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 No.

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, above space should be left blank.