17572

V. S. No. 2
DM—9-4-41
ev. 5-17-3
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

FILED JUN 25 1942

State File No.

Registration District No. 89 Primary Registration District No. 3007 Registrar's No. 165

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

1. PLACE OF DEATH:

(a) County Butler

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

(c) Name of hospital or institution: 1 None, 302 North 6th St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ------- (Specify whether
In this community 9 months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler 12

(c) City or town Poplar Bluff, Mo. 7
(If outside city or town limits, write "RURAL")

(d) Street No. 302 North 6th St. 3
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country ---------- 0

3. (a) PRINT FULL NAME ALFRED WOODS

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Male 2

5. Color or race Negro

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife ----------

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

7. Birth date of deceased August (Month) 18 (Day) 1879 (Year)

8. AGE: Years 62 Months 9 Days 8 If less than one day hr. min.

9. Birthplace Columbia, (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Laborer

11. Industry or business ---------

FATHER
12. Name Talton Woods
13. Birthplace Columbia, (City, town, or county) Missouri (State or foreign country) 0

MOTHER
14. Maiden name Laura Fisher
15. Birthplace Columbia, (City, town, or county) Missouri (State or foreign country) 0

16. (a) Informant Mrs. Laura Smith
(b) Address Poplar Bluff, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 28, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation City Cemetery, Columbia, Mo.

18. (a) Signature of funeral director Frank Mortuary
(b) Address 412 Vine St., Poplar Bluff, Mo.

19. (a) 5-26-42 (Date received local registrar) (b) Belle Kuhl (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 26th year 1942 hour 6:00 minute A. M.

21. I hereby certify that I attended the deceased from Oct 17, 1941, to May 26, 1942, that I last saw him alive on May 21, 1942, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Sarcoma of jaw and right side of neck	18 Mo
Due to Pellagra	Indefinite
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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

23. Signature J. Leet Harwell (M. D. or other)
Address Poplar Bluff Mo Date signed 5/26/42

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 642-770
Date Filed JUN 18 1942

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 Howard A. Cooper

Licensed Embalmer No. 3996

P. O. Address 412 Vine St., Poplar Bluff

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.