

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 10 1942
318

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

18020

State File No. _____

Registration District No. _____

Primary Registration District No. 2001

Registrar's No. 407

39
2
6

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

1. PLACE OF DEATH:
 (a) County GREENE
 (b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution Burge Hospital 0
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether _____)
 In this community _____
years, months or days

3. (a) PRINT FULL NAME Richard Oliver Woods
 3. (b) If veteran, name war no
 3. (c) Social Security No. none

4. Sex male M 5. Color or race white
 6. (a) Single, widowed, married, divorced single
 6. (b) Name of husband or wife Inf
 6. (c) Age of husband or wife if alive XX years
 7. Birth date of deceased 5 26 43
(Month) (Day) (Year)

8. AGE: Years 0 Months 0 Days 0
 If less than one day 7 hr. 15 min.

9. Birthplace Springfield MO.
(City, town, or county) (State or foreign country)

10. Usual occupation Inf
 11. Industry or business _____

MOTHER FATHER { 12. Name Lawrence Woods
 13. Birthplace Westbrook MAINE
(City, town, or county) (State or foreign country)
 14. Maiden name Mary E. O'Neil
 15. Birthplace West Roxbury Mass.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Lawrence Woods
 (b) Address 1025 S. New.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/27/42
(Month) (Day) (Year)
 (c) Place: burial or cremation Greenlawn

18. (a) Signature of funeral director Ulmer
 (b) Address Springfield Mo

19. (a) 5-27-42 (Date received local registrar) (b) W. J. Vandrey (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 39
2
6
 (a) State Missouri (b) County Greene
 (c) City or town Springfield
(If outside city or town limits, write "RURAL")
 (d) Street No. 1015 S. New
(If rural, give location)
 (e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 26th
 year 1942 hour 17 minute 30 P.M.

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

Immediate cause of death atelectasis
Difficult breathing from time
 Due to of delivery - life maintained for
about 7 hrs. by oxygen administration -
after birth.
 Duration _____
 Other conditions 161a
(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 D

23. Signature Paul Upshaw (M.D. or other) _____
 Address Springfield Mo Date signed 5-27-42

984 (Licensed Embalmer's Statement on Reverse Side)

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.....

Was not Embalmed

Registered Apprentice No.

working under my personal supervision.

Signed.....

R. H. Bennett

Licensed Embalmer No.

3684

P. O. Address

Springfield, 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, fact should be so stated above.