S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 14 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34338

Registration District No. 248

Primary Registration District No. 5790

Registrar's No. 64

1. PLACE OF DEATH:

(a) County Mississippi

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

(c) Name of hospital or institution: Residence - 1 (If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Miss.

(c) City or town East Prairie R.F.D. (If outside city or town limits, write "RURAL")

(d) Street No. 8 Miles S.E. of E. Prairie (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME PEGGY FAY WOODS

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife

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

7. Birth date of deceased Nov. (Month) 26 (Day) 1941 (Year)

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

9. Birthplace Mississippi Co (City, town, or county) Mo. 1 (State or foreign country)

10. Usual occupation

11. Industry or business

FATHER
12. Name Neal Woods
13. Birthplace Tiptonville (City, town, or county) Tenn 1 (State or foreign country)

MOTHER
14. Maiden name Temple Harden
15. Birthplace Camden (City, town, or county) Tenn 1 (State or foreign country)

16. (a) Informant Neal Woods

(b) Address East Prairie, Mo Rt. 2

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-22-42 (Month) (Day) (Year)

(c) Place: burial or cremation Dogwood

18. (a) Signature of funeral director Travis Shelly

(b) Address East Prairie, Mo.

19. (a) 11-3-42 (Date received local registrar) (b) S. Freeman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 21 year 1942 hour 8 minute A.M.

21. I hereby certify that I attended the deceased from April 2, 1942 to Aug 21, 1942 that I last saw him alive on July 2, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Tuberculosis Lungs	4 yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

13 B'

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature S. B. Marlin (M. D. ~~or other~~)

Address E. Prairie Mo. Date signed Aug 26 42

1411 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2
District File Number 1142-1418
Date Filed 11-9-42

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.

Not embalmed.

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.