

FILED FEB 13 1943  
Registration District No. **366**

Primary Registration District No. **6241**

1. PLACE OF DEATH:

(a) County Washington

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

(c) Name of hospital or institution: 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 \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME Edis E. Woods

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex M

5. Color or Race W

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

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased Oct 10 1940  
(Month) (Day) (Year)

8. AGE: Years 2 Months 4 Days 13  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Belgrade (City, town, or county) Mo (State or foreign country)

10. Usual occupation none

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Fred woods

13. Birthplace Illinois (City, town, or county) (State or foreign country)

14. Maiden name Gladie Lutz

15. Birthplace Massachusetts (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Fred woods

(b) Address Potosi, Mo.

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof Jan 24 1943 (Month) (Day) (Year)

(c) Place: burial or cremation New diggers

18. (a) Signature of funeral director St. Marks

(b) Address Potosi, Mo.

19. (a) 1-24-1943 (Date received local registrar)

(b) Joseph L. Thiema (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Washington

(c) City or town rural (If outside city or town limits, write "RURAL")

(d) Street No. near Potosi (If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 23 year 1943 hour 10:20 minute P.M.

21. I hereby certify that I attended the deceased from Jan 15 1943 to Jan 23 1943 that I last saw him alive on Jan 23 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Menigitis following whipping cough & influenza

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 9

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 Ed. Presswell (M.D. or other) 2/2/43

Address Potosi Mo. Date signed \_\_\_\_\_

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Form 1-1931

RECEIVED

District Health Officer No. 4  
District File Number 243-1792  
Date Filed 2-12-43

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**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.....

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.**