

FILED JUN 14 1943

Registration District No. **5**

Primary Registration District No. **5211**

Registrar's No. **11**

1. PLACE OF DEATH

(a) County Carroll

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

(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 75 yrs
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Robert Franklin Woods

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex M 5. Color or race wh

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

6. (b) Name of husband or wife Edith Woods

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased June 25 - 1865
(Month) (Day) (Year)

8. AGE: Years 77 Months 10 Days 13
If less than one day hr. min.

9. Birthplace Siwith Co Ill 1
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Edgar D. Woods

12. Name Edgar D. Woods

13. Birthplace Unknown Ind 1
(City, town, or county) (State or foreign country)

14. Maiden name Katherine E. Emery

15. Birthplace Unknown Ill 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Frank Woods

(b) Address Sawyer, Mo

17. (a) Burial (b) Date thereof 5-10-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Cem

18. (a) Signature of funeral director Edward J. Mead

(b) Address Graymer, Mo

19. (a) May 12 1943 (b) Mrs Edgar Smith
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Carroll

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

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 8th
year 1943 hour 12 minute 30 a. M.

21. I hereby certify that I attended the deceased from May 5 1943, to May 8 1943;
that I last saw him alive on May 7th 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to arteriosclerosis

Due to arterial hypertension

Duration
30 minutes

10 yrs

20 yrs

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 9/4

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 5

23. Signature John R. Crank (M. D. or other) Dr
Address Graymer, Mo. Date signed 5-8-43

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

17
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RECEIVED

District Health Officer No. 8

District File Number

Date Filed 6-12-43

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 Demetrius L. Mead

Licensed Embalmer No. 2801

P. O. Address Prager, 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.