

1 X32873

FILED MAY 25 1943

Primary Registration District No. 3053

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

1. PLACE OF DEATH:

(a) County Phelps

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

(c) Name of hospital or institution: Nellie McFarland Memorial Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9
(Specify whether)

In this community yes
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Phelps

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

(d) Street No. Spillman Ave.
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Junior Harry Woods

3. (b) If veteran, name war X

3. (c) Social Security No. X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 15th
year 1943 hour 7 minute 25 A. M.

4. Sex Male

5. Color or race w

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

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive 16 years

7. Birth date of deceased Oct 16, 1932
(Month) (Day) (Year)

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

Immediate cause of death Inflammation of spleen and acute yellow atrophy of liver

8. AGE:	Years	Months	Days	If less than one day
	<u>10</u>	<u>6</u>	<u>29</u>hr.min.

Due to.....

Due to.....

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

10. Usual occupation School child

Other conditions 1750
(Include pregnancy within 3 months of death)

11. Industry or business

12. Name Claud Woods

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

14. Maiden name Gertrude May Perry

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

PHYSICIAN

Major findings:
Of operations.....

Of autopsy.....

Underline the cause to which death should be charged statistically.

16. (a) Informant Claud Woods - father

(b) Address Spillman Ave Rolla Mo

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

(c) Place: burial or cremation Rolla Cemetery

18. (a) Signature of funeral director Alfred Smith

(b) Address Rolla Mo

19. (a) 5/17/43 (b) J. Ellis Walker
(Date received local registrar) (Registrar's signature)

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) (Cause of injury)

23. Signature J. Ellis Walker (S.D. or other) 0

Address McFarland Hospital Date signed 5/15/43

MAY 25 1943

MAY 24 1943

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. 3643
P. O. Address..... Cuba, 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.