

LED JUN 10 1943 90
Registration District No. 90

Primary Registration District No. 5983

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

1. PLACE OF DEATH:
 (a) County... Talash
 (b) City or town... Fort Leonard St. roads
 (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...
 In this community... about 1 month
 years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State... Massachusetts (b) County... Boone
 (c) City or town... Columbia Mo.
 (If outside city or town limits, write "RURAL")
 (d) Street No. Robys Lake 2
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country... 1

3. (a) PRINT FULL NAME John Woods.
 3. (b) If veteran, name war...
 3. (c) Social Security No. ...

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month May day 29th
 year... 1943 hour 15 minute 45 P. M.
 21. I hereby certify that I attended the deceased from... never
 ... 19... to ... 19...
 that I last saw h... alive on... never ... 19...
 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race Negro
 6. (a) Single, widowed, married, divorced Single
 6. (b) Name of husband or wife...
 6. (c) Age of husband or wife if alive... years

Immediate cause of death...
Removal home, internal
laceration of left
pharynx artery of
trachea
 Due to gunshot wound
 Other conditions (Include pregnancy within 3 months of death) 166

8. AGE: Years 27 Months - Days 28
 If less than one day hr. min.

9. Birthplace Columbia Mo.
 (City, town or county) (State or foreign country)
 10. Usual occupation U.S. Army officer, sergeant
 11. Industry or business U.S. Army

Major findings:
 Of operations...
 Of autopsy Gunshot wound

12. Name John Woods
 13. Birthplace Columbia Mo.
 (City, town or county) (State or foreign country)
 14. Maiden name Etta Robinson
 15. Birthplace Boone Mo.
 (City, town or county) (State or foreign country)
 16. (a) Informant John Woods
 (b) Address Columbia Mo.
 17. (a) Removal (b) Date thereof 5-31-1943
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Signature: burial or cremation Columbia Mo.
 18. (a) Signature of funeral director Stuart P. Parker
 (b) Address Columbia Mo.
 19. (a) May 31 1943 (b) John M. Dodd
 (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) Homicide
 (b) Date of occurrence May 29 1943
 (c) Where did injury occur? Boone Mo. (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) (a) (b) (c) (d) (e) (f) (g) (h) (i) (j) (k) (l) (m) (n) (o) (p) (q) (r) (s) (t) (u) (v) (w) (x) (y) (z)
 23. Signature C. J. Mallett Corcoran
 Address Crocker, Mo. Date signed 5-31-43

JUN 10 1948

RECEIVED

Pulaski County Health Officer

File Number 6-43-68
Date Filed 6-4-43

STATEMENT BY LICENSED EMBALMER

will be

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 *Stuart P. Parker*

Licensed Embalmer No. *2900*

P. O. Address *Columbia*

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.