

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSSTATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 326Primary Registration District No. 6108Registrar's No. 24

1. PLACE OF DEATH:

(a) County Scotts
 (b) City or town Memphis Rural
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution John's
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community all his life (Specify whether
 years, months or days)

3. (a) PRINT
FULL NAMEJohnnie Lee Woods

3. (b) If veteran

name war _____

3. (c) Social Security

No. _____

4. Sex

m5. Color or
race w6. (a) Single, widowed, married,
divorced married

6. (b) Name of husband or wife

Velma Verlee Woods

6. (c) Age of husband or wife if

alive 22 years

7. Birth date of deceased

aug101917

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

25105

hr. min.

9. Birthplace

Schuyler Co. Mo
(City, town, or county) (State or foreign country)

10. Usual occupation

farming

11. Industry or business

MOTHER FATHER

12. Name Guilford A Woods13. Birthplace Scotts Co. Mo
(City, town, or county) (State or foreign country)14. Maiden name Velma Woods
(City, town, or county) (State or foreign country)15. Birthplace Schuyler Co. Mo
(City, town, or county) (State or foreign country)

16. (a) Informant

Guilford A Woods

(b) Address

Chautril, Ia.

17. (a)

Burial (b) Date thereof June 17-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation

Douring Mo

18. (a) Signature of funeral director

W. H. Baskett

(b) Address

Memphis Mo

19. (a)

June 17-1943 (b) Bernice Nelson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Scotts
 (c) City or town Memphis 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 June day 15
 year 1943 hour 2 minute 00 P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____,
 and that death occurred on the date and hour stated above.

Immediate cause of death

suicide by hanging

Due to

no insect

Due to

no one in attendance

Other conditions

(include pregnancy within 3 months of death)

Major findings:

Of operations 164a

Of autopsy

no

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 023. Signature PTA Baker (M. D. or other) corAddress Memphis Mo Date signed 6/17/43

RECEIVED

District Health Officer No. 10

District File Number 8.43-1231

Date Filed AUG 5 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 Fred G. A.

Licensed Embalmer No. 4256

P. O. Address Memphis, Tenn.

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.