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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 9 1944

Registration District No. 560

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6225

State File No. 8621

Registrar's No. 38

1. PLACE OF DEATH:
(a) County: Vernon
(b) City or town: Nevada (Washington Twp) (If outside city or town limits, write "RURAL" and name of town or tp)
(c) Name of hospital or institution: State Hosp No 3 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... In this community: 1 year 3 mo 22 days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Vernon 108
(c) City or town: Deerfield (If outside city or town limits, write "RURAL") 0
(d) Street No.: rural (If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No)
If yes, name country: —

3. (a) PRINT FULL NAME: SAMUEL-C.-WOODY

3. (b) If veteran, name war: no

3. (c) Social Security No.: none

4. Sex: male

5. Color or race: white

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

6. (b) Name of husband or wife: none

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

7. Birth date of deceased: April (Month) 19 (Day) 1900 (Year)

8. AGE: Years 43 | Months 10 | Days 13 | If less than one day ..... hr. ..... min.

9. Birthplace: Henry County (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: farmer

11. Industry or business: none

FATHER
12. Name: Samuel J. Woody
13. Birthplace: Galloway Co. (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name: Frances Warren Lewis
15. Birthplace: Pettis County (City, town, or county) Mo (State or foreign country)

16. (a) Informant: Records State Hosp
(b) Address: Nevada Mo.

17. (a) Burial (Burial, cremation, or removal) **(b) Date thereof:** 2-26-44 (Month) (Day) (Year)
(c) Place: burial or cremation: Deerfield Mo.

18. (a) Signature of funeral director: Mark Eichinger
(b) Address: Nevada Mo

19. (a) 2-23-44 (Date received local registrar) **(b)** Hazel B. Beurck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 22 year 1944 hour 11 minute 30 A.M.

21. I hereby certify that I attended the deceased from Oct 31, 1943 to Feb 22, 1944 that I last saw him alive on Feb 22, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cardio-Vascular	Since 1939
Due to: Renal Disease	
Due to: arteriosclerosis	3 d
Other conditions: With Psychosis (Include pregnancy within 3 months of death)	

Major findings:
Of operations: none performed
Of autopsy: none performed

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: No.
(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: 0

23. Signature: Paul L. Barone (M. D. or other)
Address: State Hosp No 3 Date signed: Feb 22

1331 (Licensed Embalmer's Statement on Reverse Side) Nevada Mo 1944

Health Officer No. 7,
District Number 2-44-261
Date Filed 3-8-44

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 Mark Eichinger

Licensed Embalmer No. 26 3 6

P. O. Address Nevada, 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.