

S. No. 2
OM-5-43
v. 5-17-39
P. 1 X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11537**
Registrar's No. **8**

FILED MAR 20 1944
Registration District No. **278**

Primary Registration District No. **4330**

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

1. PLACE OF DEATH

(a) County **Mississippi**

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

(c) Name of hospital or institution:
Res. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **8 hrs**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Mississippi**

(c) City or town **East Prairie Mo Co**
(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 _____

3. (a) PRINT FULL NAME **LOYD EUGENE WOODS**

3. (b) If veteran, name war _____

3. (c) Social Security No. **none**

4. Sex **M** 5. Color or race **W**

6. (a) Single, widowed, married, divorced **D**

6. (b) Name of husband or wife _____

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

7. Birth date of deceased **Jan. 31, 1944**
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day **8 hr. 10 min.**

9. Birthplace **East Prairie, Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name **J. R. Woods**

13. Birthplace **Yorktown Mo**
(City, town, or county) (State or foreign country)

14. Maiden name **Jessie Simmons**

15. Birthplace **Yorktown Mo**
(City, town, or county) (State or foreign country)

16. (a) Informant **His 2 oop**

(b) Address **East Prairie, Mo**

17. (a) **Buried** (b) Date thereof, _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **W.O.W. employ**

18. (a) Signature of funeral director **Jessie Shelby**

(b) Address **East Prairie, Mo**

19. (a) **3-13-1944** (b) **Jannet E. Brizman**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan** day **31**
year **1944** hour _____ minute _____ M.

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

Immediate cause of death **Stillborn Baby** Duration _____

Due to **Prolong labor and small placenta of mother**

Due to _____

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

Major findings: Of operations **157e**

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)

(a) Means of injury _____

3. Signature **d J Martin MD** (M. D. or other)
Address **East Prairie Mo** Date signed **3/19/44**

1271

RECEIVED

District Health Office No. 2,

District File Number 314-519

Date Filed 3-17-44

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.

not embalmed

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.