

FILED JUN 16 1944

Registration District No. 140

Primary Registration District No. 3024

Registrar's No. 30

1. PLACE OF DEATH:

(a) County Howard

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

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

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether life)

In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howard 45

(c) City or town Fayette, Mo. 1  
(If outside city or town limits, write "RURAL") 1

(d) Street No. \_\_\_\_\_  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Charles Griggs Woods,

3. (b) If veteran, name war 1 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race Black 6. (a) Single, widowed, married, divorced Married

(b) Name of husband or wife Maggie Woods, 6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased 6 29 1872  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>90</u>	<u>9</u>	<u>4</u>	_____ hr. _____ min.

9. Birthplace Missouri (City, town, or county) 0 (State or foreign country)

10. Usual occupation At home,

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Unknown

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

14. Maiden name Unknown, 9

15. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

16. (a) Informant Maggie Woods,

(b) Address Fayette, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-10th 1944 (Month) (Day) (Year)

(c) Place: burial or cremation Burial.

18. (a) Signature of funeral director Guy T. Halley.

(b) Address Fayette, Mo.

19. (a) 5-8-1944 (Date received local registrar) (b) Ernest W. Hillman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 5 year 1944 hour 18 00 minute P M.

21. I hereby certify that I attended the deceased from Jan 1 1944 to May 5 1944

that I last saw him alive on May 5 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Senility

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_ (Includes pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration \_\_\_\_\_

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) (e) Means of injury \_\_\_\_\_

23. Signature D. L. Coffman (M. D. or other) M.D.

Address Fayette, Mo. Date signed 5-7-44

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

1321

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

6-14-44

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

*Grey, K...*

Licensed Embalmer No.

2966

P. O. Address

*Jayette Ma*

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.