

V. S. No. 2
00M-5-43
Rev. 5-17-39
I X36871

21808

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 151

FILED JUL 13 1944

Registration District No. 157

Primary Registration District No. 5582

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Canthargo Jackson Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
County Farm
(If not in hospital or institution, write street number or location) 5
(d) Length of stay: In hospital or institution 6 Months
(Specify whether years, months or days) 50 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jasper 49
(c) City or town Joplin 0
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____ 0

3. (a) PRINT FULL NAME Benjamin F. Woods

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Feb 22 1862
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
82 4 5 hr. _____ min.

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

10. Usual occupation Retired

11. Industry or business R. R. Car Inspector

MOTHER FATHER

12. Name Lewis Woods

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

14. Maiden name Pope

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

16. (a) Informant Bessie Aggus

(b) Address 418 1/2 Joplin

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 29 44
(Month) (Day) (Year)

(c) Place: burial or cremation Forest Park

18. (a) Signature of funeral director Parker Hunsaker

(b) Address Joplin, mo

19. (a) June 29 44 (Date received local registrar) (b) Elizabeth Coupline (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 27
year 1944 hour 4 minute A M.

21. I hereby certify that I attended the deceased from Dec. 4 1943 to June 28 44
that I last saw him alive on June 25 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis
Due to Senility
Due to _____

Other conditions (Include pregnancy within 3 months of death) 93el

Major findings: Of operations _____
Of autopsy _____

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) (c) Means of injury _____
23. Signature P. Hunsaker (M. D.)
Address Canthargo Mo Date signed June 28 44

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

1203

44-6-542

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Josephine Ave

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.