

7. S. No. 2
FORM-8-43
5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27235

State File No.

FILED AUG 21 1944

Registration District No. 37

Primary Registration District No. 4049

Registrar's No. 13

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

1. PLACE OF DEATH:

(a) County Boone

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

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

(d) Length of stay: In hospital or institution 3 Months (Specify whether years, months or days)

3. (a) PRINT FULL NAME Garville Woods

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Rebecca Woods 6. (c) Age of husband or wife if alive 82 years

7. Birth date of deceased MAR 13 1855
(Month) (Day) (Year)

8. AGE: Years 89 Months 2 Days 14 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER

12. Name JACK Woods

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

14. Maiden name Susan McEee

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

16. (a) Informant Mrs. Oma Carry

(b) Address Centralia Mo

17. (a) Burial (b) Date thereof 7/29/1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Holiday

18. (a) Signature of funeral director G. E. Harper

(b) Address Clarice

19. (a) July 29, 1944 (b) Charles Wright
(Date received local registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Monroe ⁶⁹

(c) City or town Holiday
(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 1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 27th
year 1944 hour 2 minute 15 P M.

21. I hereby certify that I attended the deceased from 6-2-44 19... to 7-27-44 19...
that I last saw him alive on 7-27-44 19... and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of lower lip, tongue, mouth & throat

Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) W5a

Major findings: Of operations

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) (c) Means of injury

23. Signature W. J. Baker (M. D. or other) DO

Address Centralia Mo Date signed 7-28-44

1234 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 9,

District File Number _____

Date Filed 8-18-44 _____

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 _____

Licensed Embalmer No. 4261

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.