

FILED OCT 9 1944  
Registration District No. 274

Primary Registration District No. 4405

State File No.

Registrar's No. 419

1. PLACE OF DEATH:

(a) County Pettis MO  
(b) City or town Green Ridge  
(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)  
(d) Length of stay: In hospital or institution. 1 (Specify whether years, months or days)

3. (a) PRINT FULL NAME

JOSEPH H. WOODS

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Hannie Woods 6. (c) Age of husband or wife if alive Alive years  
7. Birth date of deceased Nov 9 1859 (Month) (Day) (Year)

8. AGE: Years 84 Months 10 Days 14 If less than one day hr. min.

9. Birthplace St Clair Co (City, town, or county) Illinois (State or foreign country)

10. Usual occupation Farmer Retired

11. Industry or business His Own Farm

12. Name Joseph Woods  
13. Birthplace unknown (City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Turner  
15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant Hannie Woods  
(b) Address Green Ridge MO

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 25/1944 (Month) (Day) (Year)

(c) Place: burial or cremation Green Ridge MO

18. (a) Signature of funeral director W. R. Shelley  
(b) Address Green Ridge MO

19. (a) 9-24-44 (Date received local registrar) (b) Mrs Anna Meyer (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis MO  
(c) City or town Green Ridge MO (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 -

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 23rd year 1944 hour 3 minute 30 M.

21. I hereby certify that I attended the deceased from Sept 21 1944 to Sept 23 1944  
that I last saw him alive on Sept 23 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial disease  
Severe attack of asthma

Due to -  
Due to -

Other conditions Bronchial asthma  
(Include pregnancy within 3 months of death)

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) (e) Means of injury

23. Signature H. A. Hite (M. D. or other) -  
Address Green Ridge MO Date signed 9/24/44

RECEIVED

District Health Officer No. 8,

Death File Number

Declassified

10-6-44

JUL 3 1958

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, ~~and~~

Registered Apprentice No.

working under my personal supervision.

Signed

George Dillard

Licensed Embalmer No. 3848

P. O. Address

Sedalia 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.