

S. No. 2
4-8-13
5-17-39
P1 X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38274

State File No.

FILED DEC 13 1944

Registration District No. 190

Primary Registration District No. 5704

Registrar's No. 11

1. PLACE OF DEATH:

(a) County Berkeley

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

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

(d) Length of stay: In hospital or institution 4 yrs (Specify whether years, months or days)

In this community 4 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Berkeley

(c) City or town Wheeling 59
(If outside city or town limits, write "RURAL") 9

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

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

3. (a) PRINT FULL NAME Milton Woody

3. (b) If veteran, name war ←

3. (c) Social Security No. ←

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12th day 12th year 1944 hour 9 minute 0 A.M.

21. I hereby certify that I attended the deceased from May 1943 to Nov 12 1944

that I last saw him alive on Nov 12 1944 and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race White

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

6. (b) Name of husband or wife Rosie D Woody

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased Aug 20 1865
(Month) (Day) (Year)

Immediate cause of death Hypostatic Pneumonia

Due to Cerebral Hemorrhage

Other conditions (Include pregnancy within 3 months of death)

Major findings: 730

Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

8. AGE: Years 79 Months 1 Days 2 If less than one day ← hr. ← min.

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

10. Usual occupation Former Ret

11. Industry or business

12. Name George Woody

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

14. Maiden name Unknown

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

16. (a) Informant Rosie D Woody

(b) Address Wheeling Mo

17. (a) Burial (b) Date thereof Nov 14 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Walton Green

18. (a) Signature of funeral director James Gordon

(b) Address Chillicothe Mo

19. (a) Nov 13 1944 (b) Ruth J Norman
(Date received local registrar) (Registrar's signature)

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?

(Specify type of place)

While at work? (e) Means of injury

23. Signature R. G. Bryan (M. D. or other) PL

Address Wheeling Mo Date signed 12/14

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

900

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 James D Gordon
Licensed Embalmer No. 1870
P. O. Address Leitchfield 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.