

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED FEB 8 1945
128
Registration District No.

Primary Registration District No. 2000

Registrar's No. 61

1. PLACE OF DEATH:

(a) County GREENE
Springfield

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

(c) Name of hospital or institution: St. John's Hosp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 Weeks
(Specify whether years, months or days)

In this community 15 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39

(c) City or town Springfield
(If outside city or town limits, write "RURAL") 6

(d) Street No. 821 Hamilton
(If rural, give location)

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

3. (a) PRINT FULL NAME J. Caleb Woods

3. (b) If veteran, name war No

3. (c) Social Security No. No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 20
year 1945 hour 6 minute 25 a. m.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife UNK. 6. (c) Age of husband or wife if alive Dec. years

7. Birth date of deceased Sept. 25 1876
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 10 - 45
1945 to Jan 21 1945
that I last saw him alive on Jan 19 1945
and that death occurred on the date and hour stated above.
Immediate cause of death Cerebral Hemorrhage Duration 6 weeks

8. AGE: Years 70 Months 68 Days 3 25
If less than one day hr. min.

Due to Hypertension

Due to

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

Other conditions 130
(Include pregnancy within 3 months of death)

10. Usual occupation Crossing Watchman

11. Industry or business Frisco R.R.

12. Name Joe V. Woods

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

14. Maiden name Sally C. Brown

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

16. (a) Informant Marie Woods

(b) Address Springfield, Mo.

17. (a) Burial (b) Date thereof 1/21/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pierce City, Mo.

18. (a) Signature of funeral director H.H. Lohmeyer

(b) Address Springfield, Mo.

19. (a) 1-21-45 (b) Dr. W.E. Handley
(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 6

23. Signature Charles A. George M.D. Registrar
Address Medical Arts Bldg. - Springfield Date signed 1-20-45

MOTHER FATHER

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

FEB 10 1945

APR 5 1945

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.....

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.

/s/