

FILED SEP 19 1945
Registration District No. 270

Primary Registration District No. 7358

Registrar's No. 163

1. PLACE OF DEATH:

(a) County New Madrid
(b) City or town Tilbourn
(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 _____ (Specify whether)
In this community 10 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid
(c) City or town Tilbourn
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 10
year 1945 hour 5 minute P. M.
21. I hereby certify that I attended the deceased from Aug 15
1945, to Sept 10, 1945

that I last saw him alive on Sept 10, 1945
and that death occurred on the date and hour stated above.
Immediate cause of death Pneumonia
Tuberculosis Duration _____

3. (a) PRINT FULL NAME

Claude N. Woods

3. (b) If veteran, name war no

3. (c) Social Security

No. 490-29-9733

4. Sex Male

5. Color or race white

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

6. (b) Name of husband or wife Tela Woods

6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased April 3 1895
(Month) (Day) (Year)

8. AGE: Years 50 Months 5 Days 10
If less than one day hr. _____ min. _____

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name John Woods

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

14. Maiden name Tela Hanny

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

16. (a) Informant Tela Woods

(b) Address Tilbourn, Missouri

17. (a) Burial (b) Date thereof 9-15-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt Zion St. Ch. Mo

18. (a) Signature of funeral director Roder Freeman

(b) Address Tilbourn, Mo.

19. (a) 9-14-45 (b) Mrs. J. L. Parrett
(Date received local registrar) (Registrar's signature)

Due to _____

Due to _____

Other conditions (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 E. E. Jones (M. D. or other) _____

Address Tilbourn Mo Date signed Sept 14 1945

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

72
2
0

-140
17-45

SEP 20 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 Homer L. Ponder

Licensed Embalmer No. 3367

P. O. Address Tilbourn, 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.