

S. No. 2  
M-8-43  
5-17-39  
X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED AUG 12 1947

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 23863  
Registrar's No. 110

Registration District No. 116 Primary Registration District No. 3026

1. PLACE OF DEATH:  
(a) County Franklin  
(b) City or town Washington  
(c) Name of hospital or institution: St. Francis  
(d) Length of stay: In hospital or institution Five days  
In this community THOMAS  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo. (b) County Franklin  
(c) City or town Marseilles  
(d) Street No.  
(e) Citizen of foreign country? No.  
If yes, name country.

3. (a) PRINT FULL NAME JESSE A WOODY  
3. (b) If veteran, name war No.  
3. (c) Social security No. 703-05-0649

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month August day 3rd year 1947 hour 9:50 minute P.M.

4. Sex M. 5. Color or race W  
6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife None  
6. (c) Age of husband or wife if alive None years  
7. Birth date of deceased May 29 1897  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 7-25 to 8-3 1947  
that I last saw him alive on 8-3 1947  
and that death occurred on the date and hour stated above.

8. AGE: Years 70 Months 2 Days 5  
If less than one day hr. min.

Immediate cause of death Chronic Nephritis & Hypertension & Atherosclerosis Mellitus.

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

10. Usual occupation Fire water pump

11. Industry or business St. Louis San Francisco Ry. Co.

MOTHER FATHER  
12. Name John Woody  
13. Birthplace Robertsville Mo.  
14. Maiden name Sarah Johnson  
15. Birthplace Loredell Mo.

Due to  
Due to  
Other conditions  
Major findings:  
Of operations  
Of autopsy

16. (a) Informant Dave Woody  
(b) Address 23 1/2 Theodasia, St. Louis, Mo.

17. (a) Burial (b) Date thereof Aug 5, 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mount Olive Cent.

18. (c) Signature of funeral director Casey Tenor  
(b) Address A. Clay, Mo.

19. (a) AUG 5 1947 (b) Registrar's signature

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(c) Accident, suicide, or homicide (specify)  
Date of occurrence  
(c) Where did injury occur?  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
While at work? Means of injury  
23. Signature H. M. Senny (M. D. or other)  
Address Union Mo. Date signed 8-2-47

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

DEC 12 1947

Date Filed 8-11-47  
District File Number \_\_\_\_\_

District Health Officer No. 9,

RECEIVED

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 H. M. Leno  
Licensed Embalmer No. 8601  
P. O. Address St Clair, 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.