

No. 2  
M-5-43  
7. 5-17-39  
I X3667

FILED JUL 17 1947

Registration District No. **277**

Primary Registration District No. **3057**

**1. PLACE OF DEATH:**  
 (a) County **Ray**  
 (b) City or town **Richmond**  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
**432 South Camden St.**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
 In this community **50 years.**  
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State **Missouri** (b) County **Ray**  
 (c) City or town **Richmond**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. **432 South Camden St.**  
(If rural, give location)  
 (e) Citizen of foreign country? **No** (Yes or No)  
 If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** **ROBERT EMMETT WOODS**  
 3. (b) If veteran, name war **None**  
 3. (c) Social Security No. **709-18-4312**

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month **July** day **6th**  
 year **1947** hour **9:00** minute **A.M.**

4. Sex **Male** 5. Color or race **White**  
 6. (a) Single, widowed, married, divorced **Married**  
 6. (b) Name of husband or wife **Carrie Duncan Woods**  
 6. (c) Age of husband or wife if alive **53** years  
 7. Birth date of deceased **January 16, 1882**  
(Month) (Day) (Year)

**21. I hereby certify that I attended the deceased from**  
**July 5, 1947, to July 6, 1947**  
 that I last saw **him** alive on **July 6**  
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<b>65</b>	<b>5</b>	<b>20</b>	hr. _____ min. _____

Immediate cause of death **Myocarditis**  
 Due to **Bronchial Asthma**

9. Birthplace **Orrick, Missouri**  
(City, town, or county) (State or foreign country)

Other conditions **None**  
(Include pregnancy within 3 months of death)

10. Usual occupation **Section worker**  
 Industry or business **Railroad**  
 Name **Louis H. Woods**

Major findings: **Myocarditis**  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

11. Birthplace **Kentucky**  
(City, town, or county) (State or foreign country)  
 Maiden name **Ellen Louise Rothrock**

12. Birthplace **New York**  
(City, town, or county) (State or foreign country)  
 Informant **Mrs. Robt. Woods**  
 Address **432 S. Camden, Richmond, Mo.**  
 (a) **Burial** (b) Date thereof **July 8, 1947**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 Place: burial or cremation **Richmond, Missouri**

**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? \_\_\_\_\_

18. (a) Signature of funeral director **Thurman Funeral Home**  
 Address **Richmond, Missouri**  
 19. (a) **July 8, 1947** (b) **Malcolm Jackson**  
(Date received local registrar) (Registrar's signature)

23. Signature **E. G. Taylor** (M. D. or other)  
 Address **Richmond, Mo.**

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

MOTHER FATHER  
Can Mr. H. C. Stiles

89

89

0

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

3E

7/9/47

NOV 5 1961

RECEIVED

NOV 5 1961

District Health Officer No. 8

District File Number

Date Filed 7-16-47

NOV 22 1961

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, Forbes, Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed E. H. H. H. H.

Licensed Embalmer No. 2073

P. O. Address Richmond, Missouri

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.

STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF VITAL STATISTICS

State of Missouri }  
County of Ray } ss.

State File No. 2511047  
Local Registrar's No. 297

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 20th day of November, 1947, before me appears.....

Beatrice Hunt, who, upon her oath, states that the original record of <sup>birth</sup> death  
for Robert E. Woods died July 6, 1947, in the State of  
<sup>born</sup> Missouri, and which was filed at Richmond, Missouri on July 8, 1947, should be corrected as follows:

Item No. 8 should read 65 - 5 - 20 -  
Instead of 64 - 5 - 20 -

Item No. .... should read .....  
Instead of .....

Item No. .... should read .....  
Instead of .....

Item No. .... should read .....  
Instead of 7 ..... 7 ..

Item No. .... should read .....  
Instead of .....

Item No. .... should read .....  
Instead of .....

Item No. .... should read .....  
Instead of .....

Item No. .... should read .....  
Instead of .....

Item No. .... should read .....  
Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Beatrice Hunt step father  
Relationship.

Richmond mo  
Present Address.

Subscribed and sworn to before me this 20th day of November, 1947

My Commission expires MY COMMISSION EXPIRES SEPT. 19, 1951 W.R. Taylor. Notary Public.

ENCLOSED

NOV 21 1947  
Affidavits containing erasures will not be accepted; draw one line through error and write above it.

S-25116