

FILED AUG 25 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27528

State File No. _____

Registration District No. _____

Primary Registration District No. 3024

Registrar's No. 42

1. PLACE OF DEATH:

(a) County Howard
(b) City or town Fayette, Missouri
(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 All his life
years, months or days

3. (a) PRINT FULL NAME Major Wilbur Woods

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mabel Plains 6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased Nov. 11, 1883
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
63 8 21 hr. min.

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

10. Usual occupation Laborer

11. Industry or business _____

12. Name Paddie Woods

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

14. Maiden name Ella Johnson

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

16. (a) Informant Mrs Mabel Woods

(b) Address Fayette, Missouri

17. (a) Burial (b) Date thereof 8/4/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Walnut Ridge Cem

18. (a) Signature of funeral director Ralph A. Carr

(b) Address Fayette, Missouri

19. (a) 8-9-1947 (b) Destiny Fern Schen
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howard
(c) City or town Fayette
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 2
year 1947 hour 6 minute _____ P. M.

21. I hereby certify that I attended the deceased from Aug 2, 1947 to Aug 2, 1947
that I last saw him alive on Aug 2, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Peptic ulcer
Massive gastric hemorrhage
Due to _____

Due to _____

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

Major findings: _____
Of operations _____
Of autopsy _____

Duration

24 hours

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 0

23. Signature Francis N. ... (M. D. or other)
Address 125 ... Date signed 8-6-47

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 8-29-47

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, ~~only~~

....., Registered Apprentice No.,
working under my personal supervision.

Signed Ralph A. Case

Licensed Embalmer No. 3340

P. O. Address Fayette 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.