

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

FILED MAR 5 1948

Registration District No. 771

Primary Registration District No. 5551

Registrar's No. 69

1. PLACE OF DEATH:

(a) County Howell

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

(c) Name of hospital or institution: Rural 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 20 yrs. (Specify whether years, months or days)

In this community 20 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Howell 46

(c) City or town West Plains Rural 0  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) Citizen of foreign country? Mo (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME FRANCES ELIZA WOODS

3. (b) If veteran, name war V

3. (c) Social Security No. 18W\*

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 5  
year 47 hour 6 minute 20 P.M.

4. Sex F 5. Color or race W

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

6. (b) Name of husband or wife James J Woods

6. (c) Age of husband or wife if alive Dec 24 1887 years (Day) (Year)

7. Birth date of deceased MAY 24 1887 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 12/2 1947 to 12/5 1947  
that I last saw her alive on dead or married 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death: Endocarditis, arteriosclerotic  
Suppurative attack

Duration unknown

8. AGE: Years Months Days If less than one day

<u>65</u>	<u>6</u>	<u>11</u>	<u>V</u> hr. <u>V</u> min.
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Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Frances Elizabeth Woods

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

14. Maiden name Joe

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

Major findings: myocardial

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause of which death should be charged statistically.

16. (a) Informant Chas Woods

(b) Address Rt 3 West Plains Mo

17. (a) B (Burial, cremation, or removal)

(b) Date thereof 12-9-47 (Month) (Day) (Year)

(c) Place: burial or cremation High Grove

18. (a) Signature of funeral director J. Roberts

(b) Address West Plains Mo

19. (a) Feb 9 - 1948 (Date received local registrar)

(b) Bestace Cook (Registrar's signature) 274

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? \_\_\_\_\_ Means of injury 2

23. Signature Virgil S. Bailey (M. D. or other) P.O.

Address West Plains Mo Date signed 12/48

Virgil S. Bailey

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

MOTHER FATHER

RECORDED

DIS.

District File Number

Date Filed

No. 5,

348157

3-4-48

APR 2 1948

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 \_\_\_\_\_

*George R. Ray*

Registered Apprentice No. 931

working under my personal supervision.

Signed *Dorothy D. Robertson*

Licensed Embalmer No. 3432

P. O. Address *West Plains*

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.