S. No. 300
M—10-47
v. 5-17-39
I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUN 2 1948
Registration District No. 316

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17324

Primary Registration District No. 3059

Registrar's No. 160

1. PLACE OF DEATH:

(a) County St. Francois

(b) City or town Bonne Terre
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Bonne Terre Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 days (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County ST Francois

(c) City or town Rural 94
(If outside city or town limits, write "RURAL")

(d) Street No. Elvins, Mo RR.1. 0
(If rural, give location) 0

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Joseph S. Woods

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Male 0

5. Color or race white

6. (a) Single, widowed, married, divorced Married 1

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

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased April (Month) 4 (Day) 1883 (Year)

8. AGE:

Years	Months	Days	If less than one day
65	1	14	hr. min.

9. Birthplace Mine La Motte (City, town, or county) Mo 0 (State or foreign country)

10. Usual occupation Retired.

11. Industry or business —

FATHER
12. Name John Henry Woods
13. Birthplace Unk. (City, town, or county) Unk. 9 (State or foreign country)

MOTHER
14. Maiden name Frances Lindy
15. Birthplace Unk (City, town, or county) Unk 9 (State or foreign country)

16. (a) Informant Lindell Woods
(b) Address St. Louis, Mo

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 5/21/48 (Month) (Day) (Year)
(c) Place: burial or cremation Mine La Motte, Mo.

18. (a) Signature of funeral director Miller Funeral Home
(b) Address Farmington, Mo

19. (a) 5-25-48 (Date received local registrar) (b) Esther Rudloff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 18
year 1948 hour 11:00 minute A. M.

21. I hereby certify that I attended the deceased from May 3, 1948, to May 18, 1948;
that I last saw him alive on , 19 ;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Rupture Gastric Ulcer c̄ peritonitis	2 wks.
Due to (Terminal Bronchial pneumonia)	5 da.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

107

Major findings:
Of operations

Of autopsy Multiple gastric ulcers c̄ rupture of 2 large ulcers

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature Geo. L. Watkins (M.D. or other)

Address Farmington Mo. Date signed 5-22-48

(Licensed Embalmer's Statement on Reverse Side)

JAN 13 1949

IVED

ct Health Officer No. 4

ct File Number 648-69

te Filed 6-1-48

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 Paul K Dugal

Licensed Embalmer No. 4120

P. O. Address Farmington 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.