S. No. 2
DM—5-43
v. 5-17-39
X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 1 1948

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 18472

Registration District No. 353 — Primary Registration District No. 6196 — Registrar's No. 9

1. PLACE OF DEATH:
(a) County: Texas
(b) City or town: Rural Shirrell
(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) 5 yrs (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Texas 107
(c) City or town: Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No.: 1 Mi E 7 Licking 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country: ✓

3. (a) PRINT FULL NAME: Robert Woody
3. (b) If veteran, name war: ✓
3. (c) Social Security No.: 488-24-4451
4. Sex: M
5. Color or race: W
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Ida Mae Woody
6. (c) Age of husband or wife if alive: 59 years
7. Birth date of deceased: Aug (Month) 31 (Day) 1885 (Year)

8. AGE: Years 62 Months 6 Days 6 If less than one day hr. min.

9. Birthplace: Mc Falls (City, town, or county) Mo (State or foreign country)
10. Usual occupation: Restaurant Operator
11. Industry or business: ____
MOTHER FATHER
12. Name: Samuel Woody
13. Birthplace: ____ (City, town, or county) Tenn (State or foreign country)
14. Maiden name: Martha Cummins
15. Birthplace: Mc Falls (City, town, or county) Mo (State or foreign country)
16. (a) Informant: Ida Mae Woody
(b) Address: Licking Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 5-10-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Boone Cem
18. (a) Signature of funeral director: Smith Ferguson
(b) Address: Licking Mo
19. (a) 5/15/48 (Date received local registrar) (b) Helvora Hesse (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 7 year 1948 hour 6 minute 30 P. M.
21. I hereby certify that I attended the deceased from May 6, 1948 to May 7, 1948 that I last saw him alive on May 6, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral hem	
orrhage	
Due to: Arteriosclerosis	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

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: T. L. Reed M.D. (M. D. or other)
Address: Licking, Mo Date signed: 5/9/48

(Licensed Embalmer's Statement on Reverse Side)

REGD. 5-28-48
District Health Officer No. 8,
District File Number 548372
Date Filed 5-28-48

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 Eubert E. Ferguson

Licensed Embalmer No. 3945

P. O. Address Licking 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.