

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

Registration District No. 140

Primary Registration District No. 4229

Registrar's No. 12

1. PLACE OF DEATH:

(a) County Howard
(b) City or town New Franklin Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days) 50 years

3: (a) PRINT FULL NAME John Henry Woods
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race Caucasian
6. (a) Single, widowed, married, divorced SINGLE
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased JAN 1 - 1874
(Month) (Day) (Year)

8. AGE: Years 74 Months 6 Days 8 If less than one day _____ hr. _____ min.

9. Birthplace Howard Co. Mo.
(City, town, or county) (State or foreign country)
10. Usual occupation RETIRED COOK

MOTHER FATHER
11. Industry or business _____
12. Name Arnon Woods
13. Birthplace Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Mildred Mason
15. Birthplace Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Clifford Crisp
(b) Address New Franklin Mo.
17. (a) Removal (b) Date thereof July 29-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation: GLASGOW Mo.
18. (a) Signature of funeral director C. J. Newlin
(b) Address New Franklin Mo.
19. Date received local registrar July 29, 48 Registrar's signature W. D. Bowman
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Howard
(c) City or town New Franklin Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) 3
(e) Citizen of foreign country? _____ (Yes or No) 0
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 27 year 1948 hour 7 minute 15 P.M.
21. I hereby certify that I attended the deceased from July 20, 1948 to July 26, 1948 that I last saw him alive on July 26, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion Duration 1 day
Due to arteriosclerosis
Due to _____

Other conditions gangrenous ulcer
(Include pregnancy within 3 months of death)
Major findings: Left leg; arthritis
Of operations: deformations
Of autopsy: 9/40
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 _____
23. Signature G. L. Chamberlain (M. D. or other) _____
Address New Franklin Mo. Date signed 7-28-48

RECEIVED

District Health Officer

District File Number

Date Filed 8-19-48

AUG 31 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.....

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

Signed R. G. Hall

Licensed Embalmer No. 3515

P. O. Address New Franklin

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.