

STANDARD CERTIFICATE OF DEATH

State File No.

23623

FILED AUG 9 1948

Registration District No.

218

Primary Registration District No.

4330

Registrar's No.

45

1. PLACE OF DEATH:

(a) County Mississippi
 (b) City or town East Prairie
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Residence 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community 45 years _____ (Specify whether
 years, months or days)

3: (a) PRINT

FULL NAME WILLIAM M. WOODS

3. (b) If veteran,

name war _____

3. (c) Social Security No.

none

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married,
2 divorced Widowed
 6. (b) Name of husband or wife Fannie Woods 6. (c) Age of husband or wife if
 alive _____ years
 7. Birth date of deceased March 11 1879
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 4 11 _____ hr. _____ min.

9. Birthplace Dyer County Tenn.
 (City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business _____

12. Name William Woods
 13. Birthplace Tenn.
 (City, town, or county) (State or foreign country)
 14. Maiden name unknown
 15. Birthplace unknown
 (City, town, or county) (State or foreign country)

16. (a) Informant Ada Woods
 (b) Address East Prairie, Mo.
 17. (c) Burial (b) Date thereof July 23 1948
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dagwood Cemetery
 18. (a) Signature of funeral director David Shelby
 (b) Address East Prairie, Mo.
 19. (a) 7-31-48 (b) Gertrude H. Harper
 (Date received local registrar) (Registrar's signature) 1948

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mississippi
 (c) City or town East Prairie
 (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 July day 22
 year 1948 hour 2:30 minute P. M.
 21. I hereby certify that I attended the deceased from 1946
 _____, 19 _____ to July 22, 1948;
 that I last saw him alive on July 16, 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death

Coronary Haemorrhage 1 wk
 Due to arterio-sclerosis 5 yrs
 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 sta-
 tistically.

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)
 (b) Means of injury _____

23. Signature J. P. Martin (M. D. or other)
 Address East Prairie, Mo. Date signed 7/24/48

RECEIVED

District Health Office No. 2,

District File Number 842-986

Date Filed 8-6-48

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

Travis Shelby

Licensed Embalmer No. 2726

P. O. Address East Prairie, 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.