

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

FILED DEC 7 1948
Registration District No. **2789**

Primary Registration District No. **6257**

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

1. PLACE OF DEATH:
 (a) County Arch Woods Wayne
 (b) City or town Patterson, Mo. (Rural)
 (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 _____
 years, months or days

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

4. Sex M 5. Color or race W
 6. (a) Single, widowed, married, divorced W
 6. (b) Name of husband or wife Mary Virginia Woods
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased December 25 1861
 (Month) (Day) (Year)

8. AGE:			If less than one day
Years	Months	Days	
<u>86</u>	<u>8</u>	<u>25</u>	hr. _____ min. _____

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER
 12. Name James M. Woods
 13. Birthplace Iron County, Missouri
 14. Maiden name Mary Louise Sitze
 15. Birthplace Bollinger, County
 (City, town, or county) (State or foreign country)

16. (a) Informant Mr. J. M. Woods
 (b) Address Patterson, Missouri

17. (a) Burial (b) Date thereof 9/22/48
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Woods Cemetary

18. (a) Signature of funeral director William Boder
 (b) Address Piedmont, Missouri

19. (a) Nov 10, 1948 (b) Susie E. Piles
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Wayne
 (c) City or town Patterson (Rural)
 (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 September day 20
 year 1948 hour _____ minute 7:20 p. M.

21. I hereby certify that I attended the deceased from Aug 10, 1948, to Sept 30, 1948,
 that I last saw him alive on Sept 15, 1948,
 and that death occurred on the date and hour stated above.

Immediate cause of death Alcoholism
hypertension
 Duration _____

Due to _____
 Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations 97
 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?
 While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature [Signature] (M. D. or other) _____
 Address [Address] Date signed 10/22/48

RECORDED

Health Officer No. 4
State No. 1248-152
12-6-48

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.....

Coder Funeral Home

....., Registered Apprentice No.....

working under my personal supervision.

Signed William Coder

Licensed Embalmer No. 3723

P. O. Address Piedmont, Missouri

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.