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 JAN 5 1949

Registration District No. 283

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40674

Primary Registration District No. 5655

Registrar's No. 150

1. PLACE OF DEATH:

(a) County Lawrence

(b) City or town Mt. Vernon, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Missouri State Sanatorium
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1381 days (Specify whether
In this community 1381 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence 55

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

(d) Street No. 317 McNatt Avenue
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Clarence Fredrick Woods

3. (b) If veteran, name war No

3. (c) Social Security No. 500-01-7352

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Gladys Adaves Woods

6. (c) Age of husband or wife if alive 29 years

7. Birth date of deceased April (Month) 18 (Day) 1914 (Year)

8. AGE: Years 34 Months 8 Days 10 If less than one day hr. min.

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

10. Usual occupation Mechanic

11. Industry or business

FATHER
12. Name Horace Woods
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Phoeba Ellingsworth
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant E. McMichael, Record Clerk
(b) Address Mo. State Sanatorium, Mt. Vernon Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-31-48 (Month) (Day) (Year)
(c) Place: burial or cremation Aurora, Mo

18. (a) Signature of funeral director [signature]
(b) Address Aurora, Mo

19. (a) 12-29-48 (Date received local registrar) (b) Cecil Hendricks (Registrar's signature) DOK

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 28 year 1948 hour 10:55 minute P. M.

21. I hereby certify that I attended the deceased from August 25th, 1948 to Dec 28, 1948; that I last saw him alive on Dec. 28, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death suffocation from pulmonary hemorrhage	9 years
Due to Far advanced tuberculosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy Fibrocaseous tuberculosis Pulmonary Bilateral	

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 C. A. Brasher M.D. (M. D. or other)

Address Mt Vernon Mo Date signed 12-29-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 1248-1418
Date Filed 12-31-48

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. 3129,

working under my personal supervision.

Signed [illegible]

Licensed Embalmer No. 3129

P. O. Address Aurora 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.