

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 43119

JAN 12 1940

Registration District No. 198

Primary Registration District No. 3011 52976

Registrar's No. 176

1. PLACE OF DEATH:

(a) County Clay Bellevue, Mo.
(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: none 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 1 month + 23 days
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 2 1/2 miles East of Mo. City, Mo.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years

3. (a) PRINT FULL NAME Emmet Jerome Woods 3' 10"

3. (b) If veteran, name war none 3. (c) Social Security No. 702-14-0693

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased May 17 1871
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>68</u>	<u>7</u>	<u>10</u>	hr. _____ min. _____

9. Birthplace Ray County, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired R.R. man 0

11. Industry or business Mo. Pacific R.R. 0

12. Name Samuel Woods 0

13. Birthplace Ray Co., Mo. 0
(City, town, or county) (State or foreign country)

14. Maiden name Rowland

15. Birthplace Orwick, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. J. J. Boyer

(b) Address Orwick, R. F. D. 1 Mo.

17. (a) Burial (b) Date thereof 12-27-39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rowland Cemetery

18. (a) Signature of funeral director Sibson & Son

(b) Address Orwick, Mo. 1870

19. (a) Dec 30, 1939 (b) Mr. R. M. Clarke
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 27
year 1939 hour 7 minute — A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Coronary Arteriosclerosis

Due to High Blood Pressure

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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 MI

23. Signature Mr. R. B. Nye, Coroner (M. D. or other) _____

Address Liberty Clay Co. Mo. Date Jan 12 1940

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED
District Health Officer No. 8,
File Number
Filed 11/14/40

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 E. W. Gibson

Licensed Embalmer No. 4137

P. O. Address Ornick, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.