

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

14379
Do not use this space.

MAY 13 1940

1. PLACE OF DEATH
 (a) County BUCHANAN Registration District No. 85
 (b) Township 1 Primary Registration District No. 1001 Registered No. 470
 (c) City ST. JOSEPH (d) Street No. ST. JOSEPH HOSPITAL St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME
 (a) Residence, No. 3007 Carl Lester Woody St.
1602 South 10th (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male **4. COLOR OR RACE** white **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Anna Louise
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 5, 1894
7. AGE YEARS 55 MONTHS 10 DAYS 18 If LESS than 1 day, hrs. min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Railroad Carpenter
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) **11. Total time (years) spent in this occupation**
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Deaetey County Iowa
13. NAME William W. Woods
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana
15. MAIDEN NAME Rose Anna Cozad
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana
17. INFORMANT (ADDRESS) Ray Wood Leon Iowa
18. BURIAL, CREMATION, OR REMOVAL PLACE DATE Leon Iowa April 25 1940
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Frank S. Stewart Leon Iowa
20. FILED 4/26 1940 A. J. Nestlebaum Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 23, 1940
22. I HEREBY CERTIFY, That I attended deceased from April 18, 1940 to April 23, 1940
 I last saw him alive on April 23, 1940. Death is said to have occurred on the date stated above, at 12:10 A.M.
 The principal cause of death and related causes of importance were as follows:
Cirrhosis of liver
Arteriosclerosis
 Date of onset
 Other contributory causes of importance: 12413
 Name of operation _____ Date of _____
 What test confirmed diagnosis C.A.M.A. Was there an autopsy? No
23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury _____
 Nature of injury _____
24. Was disease or injury in any way related to occupation of deceased? No.
 If so, specify _____
 (Signed) W. S. [Signature], M. D.
 (Address) 620 [Address]

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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 Frank S. Stewart

Licensed Embalmer No. 3756 Missouri

P. O. Address Leon Iowa

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, above space should be left blank.