

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

28263

Do not use this space.

1. PLACE OF DEATH **1910 SEP 19 1940**
- (a) County Clay Registration District No. 198  
 (b) Township Fishing River Primary Registration District No. 3011 Registered No. 124  
 or City Excelsior Springs, Mo. (d) Street No. Veterans Administration Facility 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. 26 (f) How long in U. S., if of foreign birth? yrs. mos. ds.
2. PRINT FULL NAME North Woods
- (a) Residence, No. 911 S. Willis, Independence, Mo. St.  911 S. Willis, Independence, Mo.  
 (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 Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Emer Woods

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 11, 1890

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
50 4 5

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. R.R. Section Hand  
 9. Industry or business in which work was done, as saw mill, bank, etc. Unknown  
 10. Date deceased last worked at this occupation (month and year) Unknown 11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (CITY OR TOWN) Howard County  
 (STATE OR COUNTRY) Missouri

FATHER 13. NAME Briggs Woods

14. BIRTHPLACE (CITY OR TOWN) Unknown  
 (STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Fanny - (Unknown)

16. BIRTHPLACE (CITY OR TOWN) Unknown  
 (STATE OR COUNTRY) Missouri

17. INFORMANT Hospital Records  
 (ADDRESS)

18. ~~PLACE OF REMOVAL~~ REMOVAL PLACE Kansas City, Mo. DATE 8/16/40

19. FUNERAL DIRECTOR (NAME) Watkins Bros. Undertaking  
 (ADDRESS) Co., Kansas City, Mo.

20. FILED 8/16 1940 Miss Bea M. Cracker Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 16, 1940

22. I HEREBY CERTIFY, That I attended deceased from July 21, 1940, to Aug. 16, 1940

I last saw him alive on Aug. 16, 1940. Death is said

to have occurred on the date stated above, at 12:55 A.M.

The principal cause of death and related causes of importance were as follows:

Pulmonary embolism massive, acute  
left, pulmonary artery

Date of onset

Other contributory causes of importance:  
Localized peritonitis right lower  
quadrant of abdomen  
Pulmonary infarct - old

Name of operation Appendectomy Date of 7/21/40

What test confirmed diagnosis X-ray & Obs Was there an autopsy? Yes

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?.....

If so, specify Unknown

Signed W.A. GEBBIAN, M.D. Clin. Dir. M. D.

(Address) Veterans Administration Facility

Excelsior Springs, Mo.

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

9-9-10

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.....

Licensed Embalmer No.....

P. O. Address.....

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.