

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 38471
Registrar's No. 170

Registration District No. 198

Primary Registration District No. 3011

1. PLACE OF DEATH:

(a) County Clay
(b) City or town Excelsior Springs
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
102 Linden
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days) 2

3. (a) PRINT FULL NAME Mrs. A. Thomas Woods

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased July 7 - 1940
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
		<u>4</u>	<u>12</u>	hr. min.

9. Birthplace Excelsior Springs, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name Hugh Irwin Woods

13. Birthplace Excelsior Springs, Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Annie Margaret Woods

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

16. (a) Informant's own signature Mrs. Hugh Woods

(b) Address Excelsior Springs, Mo.

17. (a) Burial (b) Date thereof Nov 20 - 40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Odell Cemetery, Ray, Mo.

18. (a) Signature of funeral director Clarence A. ...

(b) Address Excelsior Springs, Mo.

19. (a) Nov 20 - 1940 (b) Thomas M. Cracken
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Clay
(c) City or town Excelsior Springs
(If outside city or town limits, write "RURAL")
(d) Street No. 102 Linden
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 19
year 1940 hour _____ minute 9:00 P. M.

21. I hereby certify that I attended the deceased from July 19, 1940, to Nov 19, 1940
that I last saw him alive on 11-19, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Marasmus - since birth
Cerebral Birth injury -

Due to _____
Due to 156

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

Major findings: Of operations _____

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? _____

180 While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature August B. ... (M. D. or other) MD.
Address Excelsior Springs, Mo Date signed 11/20/40

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.

1 X1951

RECEIVED
District Health Officer No. 8
District File Number 12-14-40
Date Filed

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 Claude Truchel
Licensed Embalmer No. 2701
P. O. Address Exelior Spring, 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, above space should be left blank.