

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 9

Primary Registration District No. 2115

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Andrew County

(b) City or town RURAL - Galata
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community ALL OF LIFE
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Boone

(c) City or town Sturgeon - Rural
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) If foreign born, how long in U. S. A. 1 years.

3. (a) PRINT FULL NAME Velpo Coalson Woods

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 13
year 1942 hour 11 minute 15 A. M.

21. I hereby certify that I attended the deceased from Mich
_____ 1940 to Oct 13 1942
that I last saw him alive on Oct 13 1942
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married 1 divorced Married

6. (b) Name of husband or wife Peta Woods 6. (c) Age of husband or wife if alive 37 years

7. Birth date of deceased September 9 1884
(Month) (Day) (Year)

Immediate cause of death Cancer Liver Duration 7 mos

Due to Extends from Cancer Eye 2 years

Due to _____

Other conditions (include pregnancy within 3 months of death) 552

8. AGE: 58 years Months 1 Days 4 If less than one day hr. _____ min. _____

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

10. Usual occupation Farmer

Major findings: Of operations _____

Of autopsy Above

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business _____

12. Name J. A. Woods

13. Birthplace Boone County Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Jetta Steyngrove

15. Birthplace Boone County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Peta Woods

(b) Address Clark, Missouri

17. (a) BURIAL (b) Date thereof OCT. 15-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MT. HOPE

18. (a) Signature of funeral director Arthur

(b) Address Sturgeon, Mo

19. (a) Oct 10, 1942 (b) W. H. H. H.
(Date received local registrar) (Registrar's signature)

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 _____

23. Signature A R M. G... (M. D. or other) _____
Address Sturgeon Mo Date signed 10-13-42

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

DEC 8 1943

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..... *A. E. Booth*.....
Licensed Embalmer No. *4087*.....
P. O. Address..... *Sturgeon, 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.