

S. No. 2
OM-42
5-17-39
X32872

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32835**

FILED **004 14 1943**
Registration District No. **3970**

Primary Registration District No. **6257**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County **Wayne**
(b) City or town **Patterson (Rural)**
(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 **1**
(Specify whether years, months or days) _____

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **WAYNE**
(c) City or town **Patterson (Rural)**
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? **No.** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **John Robert Woods**

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

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced, **Married**
6. (b) Name of husband or wife **Louisa Catherine Medlister** 6. (c) Age of husband or wife if alive **60** years
7. Birth date of deceased **April 28 1866**
(Month) (Day) (Year)

8. AGE: Years **77** Months **3** Days **27** If less than one day _____ hr. _____ min.

9. Birthplace **Patterson Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business _____

12. Name **James Monroe Woods**

13. Birthplace **Caladonia Mo.**
(City, town, or county) (State or foreign country)

14. Maiden name **Levisa Sikes**

15. Birthplace **Bullinger Co. Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. J.R. Woods**

(b) Address **Patterson, Mo.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **Aug 29-43**
(Month) (Day) (Year)

(c) Place: burial or cremation **Woods Cem. WAYNE Co.**

18. (a) Signature of funeral director **William Cook**

(b) Address **Windsor, Mo.**

19. (a) **Sept 30 1943** (b) **Inez Bennett**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug** day **25** year **1943** hour **1** minute **20** P.M.

21. I hereby certify that I attended the deceased from **Aug 23** 19**43** to **Aug 25** 19**43** that I last saw h. **alive on Aug 23** and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Hemorrhage** Duration **3 da.**

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) **8301**

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 _____

23. Signature **O. A. Myers** (M. D. or other) _____

Address **Coldwater, Mo.** Date signed **8/30/43**

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

MOTHER FATHER

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

RECEIVED

District Health Officer No. 4
District File Number 1043-2840
Date Filed 10-9-43

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.....

Coder Funeral Home, Registered Apprentice No. 1
working under my personal supervision.

Signed William Coder

Licensed Embalmer No. 3723

P. O. Address Piedmont, 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, fact should be so stated above.