

U. S. No. 2
DOM-9-43
Rev. 5-17-39
1 X37823

State File No. 12433
Registrar's No. 165

FILED MAY 7 1946

Registration District No. 7

Primary Registration District No. 3005

1. PLACE OF DEATH:

(a) County Callaway
(b) City or town Fulton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
State Hospital No. 12
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 yr 8 mo 5 days
(Specify whether
In this community same
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boonville
(c) City or town Columbia
(If outside city or town limits, write "RURAL")
(d) Street No. 2
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MILTON 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 divorced

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

7. Birth date of deceased April 17 1886
(Month) (Day) (Year)

8. AGE: Years 65 Months 0 Days 7
If less than one day hr. _____ min. _____

9. Birthplace Callaway Co Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business _____

MOTHER FATHER

12. Name Jim Hudson Woods

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

14. Maiden name Catherine James

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

16. (a) Informant Records Dept. Hwy. Dept. /

(b) Address Fulton Mo

17. (a) Burial (b) Date thereof 4/26/46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Chapman Baptist Cem

18. (a) Signature of funeral director Wallace Funeral Home
(b) Address Fulton Mo

19. (a) 4-26-1946 (b) Joan Morsink
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 24
year 1946 hour 5 minute 15 M.
21. I hereby certify that I attended the deceased from April 1
1946 to April 24 1946
that I last saw him alive on April 23 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy 940

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? _____
(Specify type of place) (e) Means of injury _____

Signature Joseph Impa... (Date signed) 4/26/46

Address Fulton Mo Date signed _____

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

4
1
2

11342

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

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 5-8-46

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

Wenzel C. Browning

Licensed Embalmer No. 2724

P. O. Address Fuller 2nd

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.