

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
THE STATE BOARD OF HEALTH OF MISSOURI  
FILED SEP 14 1946 STANDARD CERTIFICATE OF DEATH

27972  
State File No. \_\_\_\_\_  
Registrar's No. 362

Registration District No. 274 Primary Registration District No. 5935

1. PLACE OF DEATH:  
(a) County Pettis  
(b) City or town Sedalia Mo. (Rural)  
(c) Name of hospital or institution:  
North east of Sedalia  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community 57 Years

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Pettis 80  
(c) City or town Sedalia Mo. (Rural)  
(d) Street No. Northeast of Sedalia  
(e) Citizen of foreign country? No.

3. (a) PRINT FULL NAME Yancey Benjamin 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 Widowed  
6. (b) Name of husband or wife Fannie Austin 6. (c) Age of husband or wife if alive 6 years  
7. Birth date of deceased April 28 1886

8. AGE: Years Months Days If less than one day  
80 3 28 hr. min.

9. Birthplace Virginia

10. Usual occupation Farmer

11. Industry or business Farmer

MOTHER FATHER { 12. Name Yancey B Wood  
13. Birthplace Virginia  
14. Maiden name Christina E. Wood  
15. Birthplace Virginia

16. (a) Informant Mrs. Elmer Botts  
(b) Address Sedalia Mo.

17. (a) Burial (b) Date thereof 8 27 1946

(c) Place: burial or cremation LaMonte Cemetery

18. (a) Signature of funeral director Paul M. Moore

(b) Address La Monte Mo.

19. (a) 9-4-46 (b) Betty Yeager

251 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 25  
year 1946 hour 10 minute 20 A. M.  
I hereby certify that I attended the deceased from June 15, 1946 to Aug 25, 1946  
that I last saw him alive on Aug 22, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Pancreas

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_  
Of autopsy 469

22. If death was due to external causes, fill in the following:  
(c) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

(Specify type of place) \_\_\_\_\_  
While at work \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature J. S. Swartz (M. D. or other) M.D.  
Address Sedalia Mo. Date signed 8/27/46

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

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

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 9-17-46

SEP 19 1946

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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 Paul M. Moore

Licensed Embalmer No. 3923

P. O. Address La Monte 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.