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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 5590 13544

Registration District No. FILED JAN 23 1947

Primary Registration District No. 4549

Registrar's No. 1

1. PLACE OF DEATH:

(a) County Jefferson

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

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

(d) Length of stay: In hospital or institution 1 (Specify whether)

In this community several years
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson

(c) City or town Hillsboro
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME WOODS, SAM Parks

3. (b) If veteran, name war No.

3. (c) Social Security No. 492-09-1987

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Alleatha Sewartson Woods 10/5/43

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased April 18, 1880
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
66	8	11	hr. min.

9. Birthplace Frankfort, Ky. 1
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Traffic Mgr.,

11. Industry or business Ralston-Parina Co.

FATHER
12. Name George M. Woods
13. Birthplace Frankfort, Ky. 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Luisa Woodson
15. Birthplace Franfort, Ky. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Alleatha Woods

(b) Address Hillsboro, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/31/46
(Month) (Day) (Year)

(c) Place: burial or cremation Lake Charles Park, St. Louis

18. (a) Signature of funeral director Robert J. Ambruster, Inc.,

(b) Address Clayton Rd. at Concordia Lane

19. (a) 1/7/47 (Date received local registrar) (b) Kathleen Marsden (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 29 year 1946 hour 1 minute 30 P.M.

21. I hereby certify that I attended the deceased from Dec 29, 1946, to December 29, 1946, that I last saw him alive on December 1946 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary occlusion	15 MIN.
Due to Age	
Due to	
Other conditions None (Include pregnancy within 3 months of death)	

Major findings:
Of operations None 94A

Of autopsy None

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) No

(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)

While at work? (e) Means of injury 0

23. Signature George Hopson (M. D. ~~or other~~)

Address De Soto, Mo Date signed 12/29/46

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(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No. 1994

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.