

S. No. 2  
M-5-43  
7-5-17-39  
X38671

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **43769**

**FILED MAR 11 1947**  
333  
Registration District No. \_\_\_\_\_

Primary Registration District No. **3074**

Registrar's No. **9**

**1. PLACE OF DEATH:**  
 (a) County Scott  
 (b) City or town Sikeston  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Sikeston Surgical Hospital  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 6 hrs (Specify whether years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Mo. (b) County Scott <sup>100</sup>  
 (c) City or town Sikeston R.F.D #2 <sup>3</sup>  
(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** EVELYN GAIL WOODS  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

**MEDICAL CERTIFICATION**  
 20. **DATE OF DEATH:** Month Dec day 30  
 year 1946 hour 6 minute 15 P.M.  
 21. I hereby certify that I attended the deceased from Dec 30  
1946 to date same 19\_\_\_\_;  
 that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single  
 6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years (Month) (Day) (Year)

Immediate cause of death Gun Wounds. In my opinion  
 Due to Shot by 7 year old Brother.  
 Due to \_\_\_\_\_  
 Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

**8. AGE:** Years Months Days If less than one day  
5 4 25 hr. \_\_\_\_\_ min.  
 9. Birthplace: Mathias - Mo.  
(City, town, or county) (State or foreign country)

Duration  
 Physician  
 Underline the cause to which death should be charged statistically.  
 Major findings: 194  
 Of operations \_\_\_\_\_  
 Of autopsy 17

10. Usual occupation Baby  
 11. Industry or business  
 12. Name Curtis Woods  
 13. Birthplace Buiston Co Tenn  
(City, town, or county) (State or foreign country)  
 14. Maiden name Ida Mae Childers  
 15. Birthplace Marston Mo  
(City, town, or county) (State or foreign country)

**MOTHER FATHER**  
 16. (a) Informant Mrs Ida Mae Woods  
 (b) Address Sikeston Mo R.F.D #2  
 17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/1/47 (Month) (Day) (Year)  
 (c) Place: burial or cremation Blodgett Mo  
 18. (a) Signature of funeral director Welsh Funeral Home  
 (b) Address Sikeston Mo  
 19. (a) 3-8-47 (Date received local registrar) (b) Mrs. F. Henry (Registrar's signature)

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify) my opinion accident 100  
 (b) Date of occurrence Dec 30, 1946  
 (c) Where did injury occur? Blodgett Mo  
(City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Home entered by burglar  
(Specify type of place)  
 (e) Means of injury left side  
 23. Signature Draille Taylor (M. or other) Personal  
 Address Sikeston Mo Date signed 1-17-47

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

RECEIVED

District No. 2, Office No. 2,

District No. 347-313

Date Filed 3-10-47

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 Raymond Crews

Licensed Embalmer No. 3467

P. O. Address Seleston 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.