

No. 2  
DM-5-43  
v. 5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED APR 17 1947**  
Registration District No. 296

THE STATE BOARD OF HEALTH OF MISSOURI  
**STANDARD CERTIFICATE OF DEATH**

State File No. 14692  
Registrar's No. 69

Primary Registration District No. 4445

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

**1. PLACE OF DEATH:**  
(a) County Ray  
(b) City or town Orrick  
(If outside city or town limits, write "RURAL" and name of township)  
(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 \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days)

**3. (a) PRINT FULL NAME** Andrew Woods  
3. (b) If veteran, name war No  
3. (c) Social Security No. No  
4. Sex Male  
5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Fannie B. Woods  
6. (c) Age of husband or wife if alive 78 years  
7. Birth date of deceased Dec. 26 1868  
(Month) (Day) (Year)

**8. AGE:** Years 78 Months 2 Days 4  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Farming

11. Industry or business \_\_\_\_\_  
12. Name Issac Woods  
13. Birthplace Ray County, Mo.  
(City, town, or county) (State or foreign country)  
14. Maiden name Elizabeth Tarwater  
15. Birthplace Ray County, Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Herbert Woods  
(b) Address Excelsior Springs, Mo.  
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 7, 1947  
(Month) (Day) (Year)  
(c) Place: burial or cremation Odell Cemetery, Mo.

18. (a) Signature of funeral director [Signature]  
(b) Address Richmond Mo.  
19. (a) 34-47 (b) Helen J. Lakin  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State Missouri (b) County Ray  
(c) City or town Orrick  
(If outside city or town limits, write "RURAL")  
(d) Street No. Main Street  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**  
20. DATE OF DEATH: Month Mar. day 4 year 1947 hour 9 minute 15 P. M.  
21. I hereby certify that I attended the deceased from Jan 6 - 47 to March 4 1947  
that I last saw him alive on March 4 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Endocarditis

Due to Chronic Nephritis

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

Major findings: Of operations 13/P  
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? \_\_\_\_\_

(Specify type of place) \_\_\_\_\_  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
23. Signature [Signature] (Date or other) 20  
Address Orrick Mo Date signed 3-4-47

272 (Licensed Embalmer's Statement on Reverse Side)

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

**RECEIVED**

District Health Officer No. 8,

District File Number.....

Date Filed 4-15-47

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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 *E. J. Thurman*

Licensed Embalmer No. 2073

P. O. Address Richmond, 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.**