

FILED OCT 20 1947

3043

347

Registration District No. 207

Primary Registration District No. 3043

Registrar's No. 347

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

1. PLACE OF DEATH:

(a) County Marion.
(b) City or town Hannibal, Missouri.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Levering Hospital.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Hr.
(Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ralls, 87
(c) City or town Perry, Missouri.
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Charles E. Woods.

3. (b) If veteran, name war..... 3. (c) Social Security No. None.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Grace Woods 6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased May, 24, 1867.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
80 4 14 hr. min.

9. Birthplace Pike County, Illinois.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer.

11. Industry or business Farm.

MOTHER, FATHER

12. Name Ellic Woods.

13. Birthplace Pike County, Illinois.
(City, town, or county) (State or foreign country)

14. Maiden name Mary Pine.

15. Birthplace Pike County, Illinois.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ellic Woods

(b) Address Perry, Missouri.

17. (a) Burial (b) Date thereof 10-11-47.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lickcreek Cemetery.

18. (a) Signature of funeral director O. E. Suter

(b) Address Perry, Missouri.

19. (a) 10-13-47 (b) R. E. M. Lucke
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 8th.
year 1947 hour 10:30 minute A. M.

21. I hereby certify that I attended the deceased from Oct. 7, 1947 to Oct. 8, 1947
that I last saw him alive on Oct. 8, 1947
and that death occurred on the date and hour stated above.
Immediate cause of death apoplexy Duration

Due to.....
Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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).....
(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 R. E. Suter (M. D. or other)
Address Perry, Mo. Date signed 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.....

John J. Ellis, Registered Apprentice No. *494*
working under my personal supervision.

Signed *Clyde Wilkey*
Licensed Embalmer No. *3820*
P. O. Address *Perry, 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.