

FILED JUN 4 1948

STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

17196

State File No.

Registration District No. 282

Primary Registration District No. 2971

Registrar's No. 58

1. PLACE OF DEATH:

(a) County Polk
 (b) City or town "Rural" S. Marion Twp.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
1 1/4 miles S.E. of Cherryvale school 3
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Polk 84
 (c) City or town "Rural" 0
(If outside city or town limits, write "RURAL")
 (d) Street No. Rt. 3, Bolivar 0
(If rural, give location)
 (e) Citizen of foreign country? (Yes or No)
 If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 25
 year 1948 hour 9 minute 45 A.M.
 21. I hereby certify that I attended the deceased from May 25, 1948 to 19.....
 that I last saw him alive on 19.....
 and that death occurred on the date and hour stated above.

Immediate cause of death:
Electrocuted by 7200 Volt power line

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 Accident) 84
 (b) Date of occurrence May 25, 1948
 (c) Where did injury occur By Bolivar, Mo.
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
In Rural Community

While at work Yes (Specify type of place) (e) Missouri
(City or town) (County) (State)

23. Signature Edward E. Currier (M.D. or other)
 Address Bolivar, Mo. Date signed 7/2/48

3. (a) PRINT FULL NAME William Farrel Woods

3. (b) If veteran, name war World War II 3. (c) Social Security No.

4. Sex male 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

7. Birth date of deceased Feb. 21 1924
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>24</u>	<u>3</u>	<u>4</u>	hr. min.

9. Birthplace Cedar County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Lineman

11. Industry or business Southwest Electric Co-Op R.E.

12. Name Lewis G. Woods

13. Birthplace Cedar County Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Stella Mae Kelling

15. Birthplace Cedar County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Lewis G. Woods

(b) Address Rt. 3, Bolivar, Mo.

17. (a) burial (b) Date thereof May 28 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director Turpin Funeral Home

(b) Address Bolivar, Mo.

19. (a) May 27, 1948 (b) Ralph Garden
(Date received local registrar) (Registrar's name)

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

JUN 5 1948

MAY 24 1948
JUN 21 1948

RECEIVED
District Health Officer No. 7,
District File Number 5-48-598
Date Filed 6-3-48

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.....

Charles E. Fox

Registered Apprentice No. 22

working under my personal supervision.

Signed *Donald H. Griffin*

Licensed Embalmer No. 3053

P. O. Address Bolivar, 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.