FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUN 19 1948
Registration District No. 833

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3074

State File No. 21870
Registrar's No. 66

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: 611 Greer st
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 46 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Scott 100
(c) City or town Sikeston 5
(If outside city or town limits, write "RURAL") 2
(d) Street No. 611 Greer st 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME William Henry Woods
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex male 0
5. Color or race white
6. (a) Single, widowed, married, divorced married 1
6. (b) Name of husband or wife May Woods
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Nov. (Month) 12 (Day) 1888 (Year)

8. AGE: Years 59 | Months 5 | Days 18 | If less than one day hr. min.

9. Birthplace Harrisburg. (City, town, or county) Ill. (State or foreign country) 1
10. Usual occupation Stock Dealer
11. Industry or business Self
FATHER
12. Name William Woods 9
13. Birthplace unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name unknown
15. Birthplace unknown (City, town, or county) (State or foreign country) 9
16. (a) Informant Barney Woods
(b) Address Sikeston, Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 5-31-48 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cemetery
18. (a) Signature of funeral director Taylor Funeral Home
(b) Address Sikeston, Mo.
19. (a) 6-14-48 (Date received local registrar) (b) Mrs T.F. Henry (Registrar's signature) 203

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 30
year 1948 hour 12 minute 40 a M.
21. I hereby certify that I attended the deceased from Mar 20, 1948 to May 30, 1948
that I last saw him alive on May 15, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma (Cancer Lung)
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy 478

Duration

PHYSICIAN
Underline the cause of 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 0
23. Signature C J Nienstedt (M. D. or other) MD
Address Sikeston Mo Date signed 6-3-48

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 648-270
Date Filed 6-12-48

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 William G. Jackett, Registered Apprentice No. 223 working under my personal supervision.

Signed James M. Scott
Licensed Embalmer No. 4250
P. O. Address East Prairie

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.