

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14692**
Registrar's No. **69**

FILED APR 17 1947
Registration District No. **296**

Primary Registration District No. **4445**

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

9
6

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

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 _____

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)

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 6 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Endocarditis

8. AGE:

Years	Months	Days	If less than one day
<u>78</u>	<u>2</u>	<u>4</u>	_____ hr. _____ min.

Due to Chronic Nephritis

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

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

10. Usual occupation Farming

11. Industry or business _____

MOTHER FATHER

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)

Major findings: _____

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Herbert Woods

(b) Address Excelsior Springs, Mo.

17. (a) Burial (Burial, cremation, or removal) Odell Cemetery, Mo.

(b) Date thereat Mar. 7, 1947
(Month) (Day) (Year)

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? _____

18. (a) Signature of funeral director [Signature]

(b) Address Richmond Mo.

19. (a) 34-47 (Date received local registrar)

(b) Helen J. Lakin (Registrar's signature)

(Specify type of place)

While at work? _____

23. Signature [Signature] (Date or other) 20

Address Orrick Mo Date signed 3447

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 4-15-27

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. Sherman

Licensed Embalmer No. 2073

P. O. Address Richmond Ave.

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.