

S. No. 2  
4-13-40  
5-17-39

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

15178

State File No. \_\_\_\_\_

X23159  
FILE

ED MAY 10 1943  
Registration District No. 296

Primary Registration District No. 6618

Registrar's No. 9

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

1. PLACE OF DEATH: RAY

(a) County RAY

(b) City or town FISHING RIVER TOWN RURAL  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
3 1/2 MILES N W OF ORRICK, MO.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
in this community 5-6 YRS)

2. USUAL RESIDENCE OF DECEASED: 89

(a) State MISSOURI (b) County RAY

(c) City or town RURAL  
(If outside city or town limits, write "RURAL")

(d) Street No. 3 1/2 MILES N W OF ORRICK  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years

3. (a) PRINT FULLNAME JOHN RILEY WOODS

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 7  
year 1943 hour 7 minute P.M.

21. I hereby certify that I attended the deceased from March 10-1943  
\_\_\_\_\_, 19\_\_\_\_, to APRIL 7, 1943;

4. Sex MALE Color or face WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife RACHEL TARWATER Woods

6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased: DECEMBER 28 1866  
(Month) (Day) (Year)

that I last saw him alive on \_\_\_\_\_, 1943;  
and that death occurred on the date and hour stated above.

Immediate cause of death

8. AGE:	Years	Months	Days	If less than one day
	<u>76</u>	<u>3</u>	<u>9</u>	— hr. — min.

Chronic Endocarditis - Heart Block -

Due to Hypertrophy of ventricular muscle

Due to Chronic valvular disease

9. Birthplace RAY COUNTY MISSOURI  
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation FARMER

11. Industry or business FARM

Major findings: Of operations 137a

Of autopsy \_\_\_\_\_

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

MOTHER FATHER

12. Name JACOB Woods

13. Birthplace RAY COUNTY MISSOURI  
(City, town, or county) (State or foreign country)

14. Maiden name ELIZA HARRIS

15. Birthplace RAY COUNTY MISSOURI  
(City, town, or county) (State or foreign country)

16. (a) Informant CARL Woods

(b) Address 818 WHITE - EXCELSIOR SPRINGS, MO

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof APRIL - 9 - 1943  
(Month) (Day) (Year)

(c) Place: burial or cremation O'DELL CEMETERY

18. (a) Signature of funeral director GIBSON FUNERAL HOME

(b) Address ORRICK MO

19. (a) APRIL 8, 1943 (Date received local registrar) (b) Dr. J. F. Summers (Registrar's signature)

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 GIBSON FUNERAL HOME

(b) Address ORRICK MO

19. (a) APRIL 8, 1943 (Date received local registrar) (b) Dr. J. F. Summers (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place)

(c) Means of injury \_\_\_\_\_

23. Signature J. F. Summers (M.D. or other) D.O.

Address ORRICK, MISSOURI Date signed 4-8-43

1228

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 8,

File Number

Date Filed

4-8-43

5-7-43

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, ~~by~~

~~Registered Embalmer No.~~

~~working under my personal supervision.~~

Signed

Edward J. Gibson

Licensed Embalmer No. 4137

P. O. Address 523 ELMS BLVD

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.)

EXCELSIOR SPRINGS, Mo

If this body is not embalmed, fact should be so stated above.