

FILED MAY 16 1946 STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 115

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Bothwell Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days
In this community 35 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME

Sarah Woods

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female / 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife William G. Woods
6. (c) Age of husband or wife if alive 57 years
7. Birth date of deceased June 15 1890
(Month) (Day) (Year)

8. AGE: Years 55 Months 9 Days 27
If less than one day hr. _____ min. _____

9. Birthplace Pilot Grove Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business _____

12. Name Frank Waller

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

14. Maiden name Emma Mickey

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

16. (a) Informant William G. Woods

(b) Address R. F. D. #5, Sedalia, Missouri

17. (a) Burial (b) Date thereof April 15, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation California, Missouri

18. (a) Signature of funeral director McLaughlin Bros.

(b) Address Sedalia, Missouri

19. (a) 4-16-46 (b) Betty Yeager
(Date received local registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis
(c) City or town Sedalia, Rural
(If outside city or town limits, write "RURAL")
(d) Street No. R. F. D. #5
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 12
year 1946 hour 3 minute 35 P. M.

21. I hereby certify that I attended the deceased from 4-10, 1946 to 4-12, 1946
that I last saw him alive on 4-12, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration 3 days

Due to arterio-sclerosis & hypertension
Due to _____

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

Major findings: Of operations _____

Of autopsy B30

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J. W. Boyer (Physician or other)

Address Sedalia Mo Date signed 4/12/46

25)

(Licensed Examiner's Statement on Reverse Side)

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

12960

3:45 p.m. Apr 12

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 5-14-46

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 W. P. M. L. Cray

Licensed Embalmer No. 3153

P. O. Address Sedalia 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.